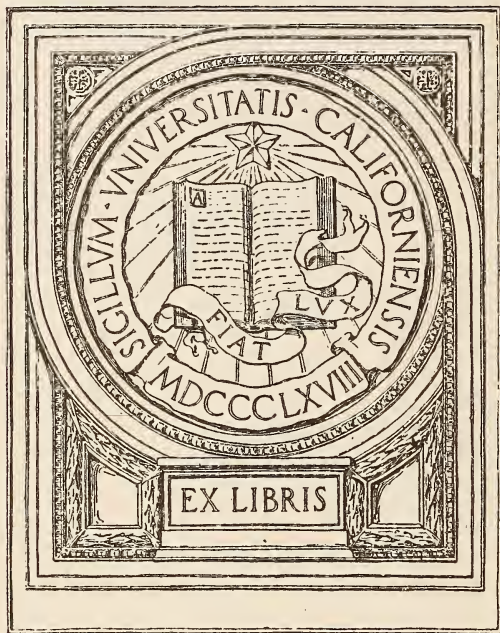


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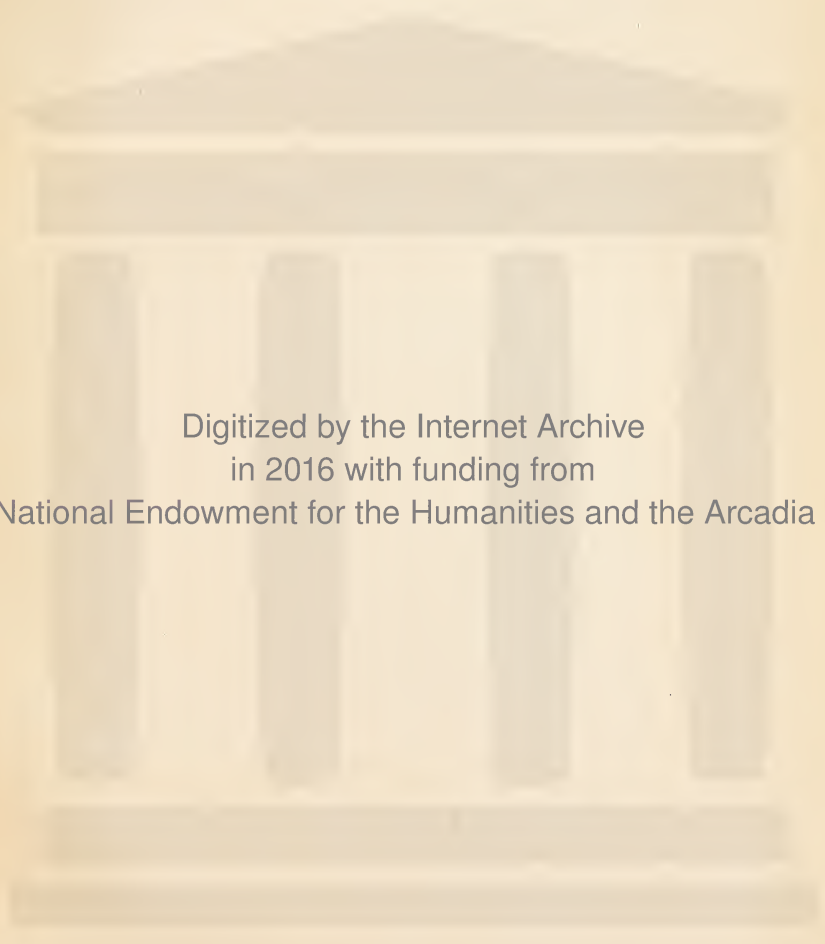


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THE PROBLEM OF VENEREAL DISEASE CONTROL.*

By Henry J. F. Wallhauser, M. D.,

Director of the Bureau of Venereal Diseases.
Newark, N. J.

So much has been written regarding the problem of venereal disease control that were it not for the possibility of bringing out for general discussion a few salient features, I would hesitate to present this paper.

In 1903 the Board of Health of the City of Newark organized a department for the study of the various phases presented in the control of venereal diseases and the subject was discussed by a committee in which the clergy, the law, medicine, teachers in public schools and the police department were represented. Many meetings were held and although considerable enthusiasm regarding the urgency of control was developed no particular progress so far as public co-operation was concerned, resulted. However, the medical care of patients was greatly improved by the establishment of special clinics for the treatment of venereal diseases at the Newark City Dispensary and facilities for treating cases at the City Hospital were instituted. The Wassermann test as a municipal measure was adopted and everything possible from a medical point of view was added. Considerable good has resulted from these measures, especially in developing advanced methods of treatment.

During the succeeding years at different periods an attempt was made to stimulate public interest, but was generally met with failure on account of the peculiar dread of the subject among the

laity, and it was not until the present war was brought to our country that the veil—so to speak—was lifted and the scourge in all its terrible aspects exposed to view. We have thus gained a social success far exceeding any other single triumph for the benefit of mankind, for in bringing this evil from darkness into light we have made a great step forward in making it possible to protect our growing manhood and womanhood from diseases which were rapidly leading a large percentage to premature decay and death.

Not unlike other diseases that have in recent years advanced to a better plane regarding recognition and cure, for example, tuberculosis—the co-operation of the public is demanded if any degree of success is to be attained. That this must be acceded to cannot be denied when we consider that venereal diseases constitute the most common conditions reported under infectious diseases. As an illustration of this fact: in New York City during fourteen weeks from July 4th to October 3rd, 1914, according to Vedder, there were 25,663 infectious and contagious diseases reported; of these syphilis was first on the list with 6,432 cases; tuberculosis second with 5,525; diphtheria was third with 3,370; measles fourth with 2,750, and scarlet fever fifth with 1,064.

Thus, syphilis constituted 28%, tuberculosis 21%, measles 11%, and scarlet fever 4%. Syphilis, therefore, cannot be considered in any other light than a serious menace and when we add gonorrhoea we have probably the two most prevalent infectious diseases encountered. Considering the suffering that these conditions entail, not only to those primarily infected, but also to their families, it is almost inconceivable that sufficient public interest was possible of being withheld thus far. The serious aspect of the situation is forcibly shown in the reports

*Read at the Annual Meeting of the Medical Society of New Jersey, at Spring Lake, June 16, 1920.

of the deaths that have resulted from these conditions. In Great Britain the report of the Registrar General for 1915 estimated that 60,000 died of syphilis. In France Leredde estimated the number at 25,000. In the United States Fisher states that 250,000 deaths occur each year as the result of venereal disease.

In order to get an idea as to the extent to which the disease may spread, if we turn to Russia, Sheuer reports that the disease has lost the aspect of a venereal disease, from 50 to 60% of the cases being due to extragenital infection. In some villages syphilization of the entire population has resulted affecting equally the men, women and children, most of the infections being extragenital. In the Parafiew District Generopitorozeff describes an epidemic involving six villages with a population of 9,500 in which only five per cent. of the people escaped; 66.1% of these cases were hereditary, 17.3% were infected by close contact, 11.9% in unknown ways and only 4.7% were infected by sexual contact. Such a condition would hardly be possible in our modern cities, but shows the result of what might occur should we neglect our duties in the control of these diseases. The prevalence of the disease has been studied in nearly all parts of the world and in the larger cities such as Budapest, Berlin, Brussels, Paris and London is generally computed at about 10% of the population.

These figures are astonishing and should lead us to think of the subject from a more serious point of view. The moral aspect may be said to have assumed a minor role in the fight against these conditions when compared to the main issues involved from the standpoint of public health. It can no longer be considered merely as a problem of un-social sex relations. From this standpoint it has been attacked from all sides and prostitution has come in for the main share of attention in the consideration of the various problems, yet we must all admit that very little, if any, success has attended the efforts at regulating this vice and certainly has failed in abolishing it even to a moderate degree; on the contrary this practice has grown steadily worse. We have repeatedly heard in our personal discussions that segregating prostitution to certain parts of the city, and licensing houses with sanitary supervision would tend to con-

trol the infection; yet this method has been given trial after trial in foreign countries and in our own only to prove its futility and consequent abandonment.

Housteen, who studied the results for the Norwegian Department of Health in Norway, where brothels were tolerated under police control until 1884, when they were suddenly closed, found that a steady rise in venereal diseases occurred from 1876 to 1882; then a steady decline until 1888, followed by a steady rise almost equal to the maximum of 1882—thus showing that fluctuations in the number of venereal diseases occurred independently of the existence of licensed brothels or control. Regarding the control of prostitution by inspection with physical examination, Welanders of Sweden, where this was practiced, showed a decrease in the number of inscribed persons occurred from 422 on April 1, 1904, to 267 on January 1, 1907.

In Vienna, owing to selected protection, we find that only about 1,400 of the estimated 40,000 prostitutes complied with registration requirements. In Berlin, according to Bierhoff, the figures showed a steady decrease from 5,098 in 1896, to 3,135 in 1905. In 1906 only 6,000 were inscribed, while it was estimated that 60,000 prostitutes were not under control. In every instance where any kind of recognition by licensing has been given a trial, failure was the result and it would, therefore, seem that this feature has been practically worked to a finale. Prostitution has always been with us and will probably remain until man has been more highly elevated in morals and reasoning intellect, instead of being impelled by his instincts.

This is not a cheerful outlook when we consider that prostitution presents the main channel in spreading venereal disease. We are not, however, without a remedy, for in education along proper lines great possibilities for overcoming some of the main issues involved are offered. Young men must be educated against irregular sexual relations preceding marriage, an erroneous idea is prevalent that continence long continued is harmful; which has been responsible in some cases, while entire ignorance of the possibility of almost certain infection is responsible in others.

General sex education is being strongly urged, but here a word of caution should be applied, for if improperly man-

aged it will do more harm than good. Teaching the very young in graded courses as advocated by some, gradually increasing the knowledge as the child advances in years, would seem possible and logical, yet in many cases would lead to morbid curiosity with the consequent danger of producing just the result it is intended to avoid. In a careful discussion of the possibility of teaching sex hygiene in the public schools some years ago, after hearing the question presented from the standpoint of primary biological studies in minor grades to advanced animal reproduction studies in the final classes of our high schools, it was finally unanimously concluded that the parents should first receive instruction who could in turn impart what knowledge in each case seemed warranted, the parents being best enabled to judge the requirements. Sex education before the age of puberty, in every case, would seem unwarranted and unnecessary and should not be considered.

A few explanations regarding the changes from childhood to adult life from mothers to daughters at this time, however, is not only necessary but imperative, and if properly conveyed tends to inspire confidence which makes it possible to direct the thoughts and inclinations along proper lines instead of uncertain ones and leads to the acquirement of information from sources that tend to misguidance and wrongdoing. The same is true regarding talks to boys by fathers, in which the subject of masturbation should be properly presented, continence advised and the moral features relating in a general way to the subject should be imparted. This would bring the son under the influence and guidance of the father, and as experience has repeatedly demonstrated, acts as a big factor in being consulted for further advice of a confidential nature, so often necessary from parent to child. In some instances a peculiar modesty on the part of the parent will act as a barrier in discussing this subject, in which case the family physician may be relied upon to impart the necessary information.

The method of conversation which has been followed is extremely simple and embodies the main principles of general health. Most boys are striving for efficiency in athletic sports and this ambition is discussed as a preliminary to im-

press the importance of a good physique as a necessary prerequisite in order to attain any degree of success; a healthy body is the big factor and on account of the talks from physical instructors in our schools this idea is already instilled. The conversation then turns to personal hygiene regarding the care of the teeth, proper diet, sleeping under proper conditions of ventilation and personal cleanliness; then follows advice regarding the selection of good associates which easily leads up to the subject to be imparted. Beginning with masturbation it is best to frankly ask the question direct without any preliminary explanations: "Do you know what is meant by masturbation?" The answer is usually in the affirmative from a boy who has arrived at the age of puberty—by explaining the debility of mind and body that would result from this practice and instilling a desire to live right, rather than fall for vicious habits, using the force of will power against what we know to be wrong; the object of the whole plan being to impart a picture of growing up strong and healthy instead of weak and sickly is usually well received. The sensations of puberty are explained from the standpoint of fatherhood and the youth impressed with the importance of continence until he arrives under the social law of marriage.

Prostitution, clandestine and public is next discussed, speaking now in the past tense, using for demonstration the unfortunate experience of some others, rather than implying that the listener is being guided, is best because the personal element of possibly insinuating that he could do such a thing is repulsive and resented. Venereal disease is next in order and is best presented from a few personal cases, depicting the main serious aspects of both syphilis and gonorrhoea. A talk of this kind can be imparted in about fifteen minutes, and if properly conducted will produce a mental impression that will enable the listener to develop a counteracting force against these evils. The boy is surely entitled to know "what he is up against" when he is entering the field of manhood, for there is no time when he is beset with more danger regarding the future outcome of his career. It is our duty to see that this knowledge is imparted from proper sources, as anyone who has had any experience with boys arriving at the age of puberty can attest that they have al-

ready had knowledge of the subject from improper sources and a little timely talk such as outlined above will go a long way towards correcting wrong ideas that may have been inculcated.

The value of sex education has been established beyond any question of doubt. Riggs of the Norfolk Training School proved that by well-directed sex education the percentage of sexual exposures was reduced from 126.7 per cent. to 38.6 during a period of two and half years. In a large group of men interviewed, 90 per cent. had been benefited by sex instruction, while those who had not received sex instruction showed a percentage of 79 in 690 men who had been exposed. Education has been a wonderful help in maintaining a high standard of success against venereal diseases in the army, and will react to the continuance of many of the measures that were adopted.

The year 1917 found us without any well-organized plan regarding the control of these conditions, yet within the following year, owing to a complete reversal in public opinion the subject was attacked from every possible angle with the result that at the present time we have established measures that should, if persistently followed, check or greatly reduce the evils of venereal disease. Credit is due the U. S. Interdepartmental Organization consisting of the secretaries of the army, navy and treasury, created by the Chamberlain-Kahn Act, in which an appropriation of \$1,000,000 was voted to be placed under the control of the Federal Public Health Service, the U. S. Public Health Service having control of the actual campaign, developed a programme which was put in operation in every State of the Union through the State Boards of Health. The measures outlined embodied every feature of possible control, requiring that physicians be compelled to report their cases; investigation of cases, to discover and control sources of infection, making the spread of venereal disease unlawful; control by detention of infected persons, the issuance of printed instructions to patients, of the necessity of measures to prevent the spread of infection, and especially the importance of continued treatment until cured. Laboratory facilities for exact diagnosis were created and standardized methods of treatment prescribed.

Educational measures informing the general public regarding the nature and manner of the spread of venereal disease were inaugurated. Co-operation with local civil authorities in the suppression of public and clandestine prostitution was followed and with considerable success. Red light districts were raided and individuals brought to the health department for examination and those found infected were detained and transferred to the City Hospital, where a detention ward was created for this purpose. This method tended to break up some well-known sections of vice, and while it is to be expected that new areas will develop, the success of scattering by making prostitution less accessible was sufficiently demonstrated and is worthy of continuance.

The programme outlined by the Public Health Service put the question of activity squarely up to the Department of Health, and while the task was not an easy one, and some shortcomings naturally resulted, yet we are proud of the success achieved. The Bureau which was created has been established as a permanent feature in the work of the Health Department and the activities adopted during the period of war will be continued. It is hoped that this department will become the central body extending its activities through the various organizations by which the general public can be reached for aid in various ways, including co-operation in educational work, creation of detention homes for rehabilitating and rescuing fallen women, providing also for proper amusements and recreation to take the place of vicious temptations.

Regarding our programme for the future it will be our aim to study each problem and if possible create improvements in our present plans. As to prostitution, the lesson we learned by having a co-operating force acting with the police department in bringing infected individuals to us opens up a new field of possibilities in getting to the source of infection. The vice squad of the police department did splendid work and the women detectives deserve especial mention for excellent and effective work, not only in bringing cases for treatment but reclaiming and preventing many beginners in prostitution by careful advice, regarding the inevitable outcome of the career they were entering upon. This depart-

ment maintains only two women which could easily be increased to twenty-five for the possibilities along the lines of suppression by women with experience in handling the peculiar problems of this class of women cannot be overestimated.

Another feature which will come into forceful consideration is the early diagnosis of syphilis, for it has been demonstrated as an established fact that our main hope in preventing the dreaded late manifestations of the disease rests in establishing the diagnosis during the first month of infection and instituting intensive arsphenamine and mercurial treatment. We have become convinced that the treatment of syphilis so far as a favorable termination is concerned depends almost entirely on getting the patient under the control of intensive treatment during the first days of his infection and the longer treatment is delayed the less are the chances of cure. Experience has also shown that it is impossible to impress this fact on a majority of patients that come under observation sufficiently to insure co-operation in the plan of treatment. Enforced treatment is, therefore, our only remedy; adding the danger of infecting others not only by direct contact but from drinking cups, towels and other utensils, it would seem to warrant measures compelling compliance with the requirements of treatment.

This brings us to the consideration of a most important feature, the public health control of the patient by reporting. The main obstacle to this measure is the secret nature in which the condition is held between the patient and his physician, and the fear of the resulting harm that might possibly develop from a disclosure in the family and social relations of the infected individual. Reporting venereal disease is certainly more complicated and calls for more sacrifice of sentiment than any other infectious disease on account of the inference of immorality, even though the patient has acquired the infection innocently.

From the standpoint of the patient's consent it can never succeed, for they are as a class unalterably opposed to this measure. In discussing this problem with private patients, none were in accord, and a few expressed themselves as preferring to die rather than have a public record made of their ailment, even though assured that the records would be strictly of a confidential character resting with

the Health Officer. From the standpoint of the profession the argument is advanced that if compelled to report their cases patients will naturally seek advertising quacks and charlatans who will promise to keep their secret and thus defeat the main object, which is proper treatment; this argument is logical and conclusive and cannot lightly be put aside. From the standpoint of the Health Officer it is possible of adoption, not, however, with the certainty of having each and every case reported as has resulted in other infectious diseases. His argument in favor of this measure is that we will get all institutional and clinic cases recorded and private ones at first limited will gradually increase as the advantages from the benefit in placing the social service department at the disposal of the physician in keeping his patients under continuous treatment is realized. Since the law of reporting venereal diseases was put into effect, a gradual increase in reporting cases has occurred from month to month, and this would seem to substantiate the views of the health officer, but in talking with men doing a large amount of work in venereal diseases the opinion persists that reporting by name and address is impossible of ever being attained, and this opinion is substantiated by fact in the States that have had reporting under penalty of the law for a number of years.

Practically every State has adopted a system of reporting owing to the requirements of the United States Public Health Service in order to gain co-operation and not from a careful analysis and conclusion as to the results obtained. It would, therefore, be of great benefit to have this feature settled conclusively to best meet the requirements. Reporting by number would be worthless as the source is omitted, and for statistical purposes would have no value on account of duplication. Reporting by name and address as aforesaid would defeat the purpose of the act, by driving patients into the hands of advertising quacks and would not be strictly followed by the profession on account of the objections raised by the patient. A plan in which both methods are brought into force depending on the compliance of the patient with the instructions of his physician regarding treatment, is offered for serious consideration. The State of Massachusetts has adopted such a law and the Maryland Psychiatric

Society has offered resolutions adopting a similar procedure in opposition to reporting name and address.

Australia has also adopted a law along similar lines under which the patient is compelled to place himself under the treatment of a qualified physician within three days following the development of the infection under a penalty of being fined and imprisoned if he fails to do so. The physician must report to the Health Department the age, sex and diagnosis of the condition, the name being omitted. If the patient fails to return for a period of six weeks for treatment, the physician is then required under a heavy penalty to notify the health department, giving patient's name and address. The health authorities being empowered to bring the patient into court and compel him to have the required treatment. If for any reason the patient desired to change his physician he must disclose the name of his previous physician, who must be notified of such change by the physician assuming charge of the case. Treatment must be continued until the patient can obtain a satisfactory certificate of cure. Under this law the health officer is also empowered to compel any person suspected of having a venereal disease to be examined and to obtain a certificate of health or have treatment continued.

Such a law could easily be followed strictly to the letter by the medical profession and from the standpoint of the patient would also seem satisfactory as his secret would remain safely with his physician unless he failed to live up to the requirements of treatment. Contemplation of the problem of notification has given us much concern as without it progress from a public health point of view is impossible and it is therefore hoped that this feature will be carefully discussed and a conclusion reached as the present law has had sufficient trial to make it certain that it will never succeed in accomplishing the purpose of its adoption.

Another feature will demand special mention and careful consideration and which will not be easily decided is the question of medical prophylaxis. This was adopted in some form or another as a routine measure in all the armies and was established as a successful means of reducing the number of infections in exposed men. In a consideration of this feature we must keep in mind the dis-

tinct difference in social conditions between army and civil life. It is extremely doubtful whether the results in prevention could be obtained as the strict discipline under which these remedies were applied has been removed, and it is questionable if any means can be found to take the place of the daily routine supervision of the men in army life. However, the boys have been taught the effectiveness of the measure and we will have to explain our position regarding its value.

In judging the problem from a purely medical aspect, reports show that when the application was made within eight hours following exposure, only 1.4% of infections occurred in 10,000 treatments over a period of two and a half years, and Riggs believes that if applied during the first hour it will prove infallible. Successful reduction in the number of infections is accepted and unquestioned, therefore, as a preventative measure lessening the chances of infection. It must be recognized, however, the possibility of infection from exposure has not been entirely removed, and we are in consequence not in a position to guarantee safety.

From the standpoint of letting down the barrier for promiscuous intercourse, we are in a position of stringent opposition; for we cannot find justification for giving our consent or in any way aiding or countenancing unsocial sex relations. As a public health measure, therefore, it cannot be officially sanctioned or adopted. It will probably never be employed with the same degree of freedom as occurred in army life, but that it will be practiced to some extent without public sanction is quite certain, and in this field we may best leave it.

Everywhere an active interest has been created in venereal diseases that will not abate until they are mastered. In our city we are especially fortunate in having a good working force in both departments for the treatment of syphilis and gonorrhoea, supplied with all up-to-date equipment and laboratory facilities for unlimited service, together with hospital beds for diagnostic lumbar puncture and intraspinal treatment.

Each case is being checked up and studied and every effort is being made to continue the course of treatment through a period of three years. This would seem a difficult matter, but experience has

proven the contrary. Some cases do require considerable looking up by the social service department, but the large majority of them enter into a co-operative effort to get cured. This can be explained by the fact that bringing large groups together has been an education, for they see the resulting benefits of living up to the requirements and very often the evil results of neglected or inadequate treatment. It has always been the custom to impress the necessity of regularity in treatment, and the patients are becoming an aid in turn passing along the advice to fellow sufferers.

The spirit of the movement against venereal disease is going forward. Let us do all we can to help—there is sufficient work for all—and even though our part be small, let us do our duty in building up a defense that will stay the onslaught and finally render futile the menace of these dread conditions.

DISCUSSION.

Dr. A. J. Casselman, Camden: Dr. Wallhauser has given us an excellent review of the favorable conditions both medical and sociological, now existing in Newark for the control of gonorrhea and syphilis. Newark has been given the highest grade in activities for the control of venereal disease of all the cities of New Jersey by the U. S. Public Health Service in a recent survey. This review has shown the futility of trying to control venereal disease by the physical examination of prostitutes. The "Red Light" district has disappeared from this State but the clandestine prostitute and the more common and dangerous "charity girl" is still with us. The clandestine prostitute will disappear through active law enforcement measures, but the "charity girls" will always be with us until by education perhaps we may induce a higher standard of ethics among boys and girls.

Character building will help in the campaign to eradicate venereal disease, but it must be considered as a minor aid unless some material change is made in our system of education. In the last few centuries there seems to have been very little improvement along this line, but possibly the teaching of sex hygiene in its broadest sense might be a sufficiently radical step to reduce the number of infections of gonorrhea and syphilis. The public must be educated to realize the value of restrictive measures and of competent medical treatment. The chief purpose of these restrictive measures should be the enforcement of treatment and the supervision of careless and ignorant individuals. The eradication of syphilis could readily be attained through medical measures by having every case under efficient treatment, as syphilis can be rendered practically non-infectious in less than two weeks and under proper further treatment will remain so. Gonorrhea will be harder to control because of the greater difficulty of rendering it non-infectious. Perhaps it will be necessary to con-

sider all cases of gonorrhea as under quarantine but out on parole unless they act in such manner as to menace public health, when they should be placarded and restricted as deemed necessary.

Individuals infected with gonorrhea who are found to be infecting others should have their homes or apartments placarded until they are considered non-infectious by the health officer, with the approval of the State Department of Health. The intelligent patient who remains under treatment until discharged, should not be disturbed by restrictive measures such as quarantine and supervision. We must make it easier for the intelligent patient to obtain treatment and make it harder for the careless or unwilling patient to be a danger to the community. The sale of neustrums for the treatment of gonorrhea and syphilis must be prohibited within this State, so that the patient will seek competent advice and not remain a menace to public health.

There seems to be little or no opposition to restrictive measures for the control of such rare diseases as leprosy and yellow fever. Probably one reason for so much opposition to restriction of freedom in cases of venereal disease is that so many persons are infected and so many others feel that they, too, may some time become infected and may have their personal liberty curtailed. What we purpose to do is to induce health officers to require all delinquent patients reported to them by physicians to return for treatment as required by New Jersey law. Those who refuse treatment must be quarantined as long as they remain a public menace. Too much emphasis has been placed in this State upon personal liberty or the rights of the individual. Usually what is meant is that the unsocial individual shall have the privilege of imposing some burden upon his neighbor. As an economic problem, diseased animals are considered unsocial and destroyed or, in case they are too valuable, they are restricted in such manner as will prevent them from injuring their own or the human community. The diseased human usually is not destroyed but must be prevented by the enforcement of restrictive measures from injuring his neighbors. It may be admitted that he was unfortunate in acquiring the infection but he must not be allowed to impose a similar misfortune upon the community.

Dr. Wallhauser opposes the reporting of patients by name on the ground that patients have such a horror of being reported that they are driven to the quacks, but the public is acquiring such a horror for quacks and respect for efficient treatment that they are being driven to the greater publicity of the free clinic. In the matter of reporting New Jersey stands seventh on the list of the States in the Union, so that the use of the patient's name and address does not seem to cause any lack of efficiency. In the beginning of his paper Dr. Wallhauser spoke of the advantage of bringing gonorrhea and syphilis into the light. To my mind, reporting in any other way than by name and address would be a step backward into secrecy and darkness. I can see no good reason why we should not report by name. The same arguments were used against reporting by name in the case of tuberculosis

some years ago, but have now been forgotten. Reporting by number is more complicated and causes great difficulty in checking up duplicate reports and largely destroys the research value of such reports.

The outlook is very bright in regard to the eradication of syphilis. From the standpoint of public hygiene, wide experience is not necessary in the diagnosis and treatment of syphilis.

On account of the large number of persons infected and the small number of syphilographers with wide clinical experience, laboratory methods will have to be almost the sole guide in the matter of diagnosis. A routine treatment based on the stage of the disease, like the one outlined by Corbus, will be simple and efficient and all that is necessary from the standpoint of the community and the individual.

The necessity for the diagnosis of syphilis during the first month of the infection was brought out in the previous paper. The only method of definitely diagnosing syphilis during the first three weeks of the primary lesion is by means of microscopical examinations. The dark field illuminator is the only practical and general applicable instrument for demonstrating the presence of the *Treponema Pallida* and must always be available for the diagnosis of primary syphilis. After the third week, the Wassermann test is more likely to be of value in diagnosis, as it is usually positive after that time. After the third week, if the microscopical examination of the primary sore is negative the diagnosis can frequently be made by finding the organism in serum obtained by puncture of enlarged lymph nodes.

While there are a few exceptions, generally speaking, a positive Wassermann indicates uncured syphilis and a negative Wassermann in a case not under treatment indicates inactive or cured syphilis except in the very early or very late stages of the disease. If all cases with positive dark fields and positive Wassermanns could be put under even a very mild course of treatment, the eradication of syphilis could soon be realized. The main difficulty is with the clinical side; very evident syphilis is frequently overlooked. All genital sores should be regarded as suspicious and should be examined for the *Treponema Pallida* before any local applications are made. No person should be given any antisypilitic treatment before a definite diagnosis is made. The main reliance for the diagnosis must be placed upon the laboratory findings. Even the best of clinical evidence in the absence of laboratory confirmation must be regarded with suspicion, but repeated positive findings in the laboratory must be regarded as conclusive, even in the absence of clinical evidence. More efficient methods of diagnosis and treatment of gonorrhea are being discovered, but this disease at present can not be controlled so well by medical treatment.

The introduction of personal prophylaxis may be necessary at some future date for two reasons: 1. All other methods may fail in the case of gonorrhea; 2. it would be the cheapest, although not the best method, of controlling the spread of venereal diseases, and may be necessitated by the withdrawal of financial support as the appropriation for next year is only 60% of this year's funds. It would be

unfortunate if we had to rely on personal prophylaxis as the sole method of controlling venereal disease. There is the slight danger to public morals of such education seeming to countenance intercourse outside of marriage. To prevent personal prophylaxis from becoming our most important method of eradicating venereal diseases, we must co-operate with the Federal and State Bureau of Venereal Disease Control, especially in the matter of State appropriations.

Dr. William G. Schauffler, Princeton: The army experience shows the importance of what Dr. Wallhauser has been emphasizing. Education and prophylaxis were the two main steps. Of these, education was the most important. Prophylaxis was a necessary evil, one which we have got to face, and will face in the municipal law later on. Prophylaxis was efficient in the army only because education went with it. In September last, the army on the Rhine was without education. Prophylaxis was going on. On the first day of September, there was not a single lecture being given in the Army of Occupation on the Rhine, and from 4.10 per cent. in the active divisions, the rate had risen to 255 per thousand per annum. Education then commenced, but it had to be started from the bottom, and in the six weeks that it was my privilege to go on with the work, we saw a marked difference. There was no better prophylaxis, but education was getting at the root of the matter. The education of the public must be at the bottom of all that we can do, and that education belongs to medical men primarily. In the Social Hygiene Association and other such organizations, education is the primary object. Education is first and foremost, and back of all the rest. We find that the men who are least interested in the communities, apparently, are the physicians. Among the men gathered to listen to the talks on social hygiene, the doctors are lacking. We have been talking for three months in various parts of the State; and in only one assemblage was a doctor present. That reflects on us. We doctors are at fault in that we do not know how to educate ourselves. We do not know how to go to the people and tell them the facts in clear, concise language, so that the teachers and parents may go ahead and impart the matter to their children. We have a greater responsibility on our shoulders than ever before. When men suffering from venereal disease come to us and ask for help, we have been in the habit of saying, "I do not treat that; go to someone else." We ought to sacrifice our time and inclinations and go to work on the subject with the termination to exterminate venereal disease.

Dr. Joseph Koppel, Jersey City: Dr. Wallhauser mentioned the notification or reporting of cases. This is of great importance. We have been doing it for two years. It is not valuable, except for statistics. It is of no value to either patient or physician. The report goes to Trenton and is filed. The health officer in our own city does not know what happens to it. I have under my care children affected with gonorrhea and syphilis, and keep these children out of school until I hear from Trenton. Nothing is done. I have to apply to the health officer. They insist on reports, and we send them to satisfy the curi-

osity of the clerk in Trenton, probably. That is all that we get from our reports.

I am proud of my city, as we all ought to be. We have been doing this work for years, as part of the routine of the Jersey City Hospital, before the State or the United States Public Health Service started the campaign. We have, in connection with our clinic, a detention hospital. We do not let the acutely affected go out to infect others, if we can help it. Lately we had a girl seventeen years old who worked in an ice cream parlor, and had a chancre of the lip. She came to the clinic, and found that there was a long row of patients waiting. She thought that she would not wait, but the nurse noticed her and reported the matter. Fortunately, the nurse knew the name of the patient, who had left the clinic without treatment. We sent a social service worker for her. She came back and was detained. She was one of a family of seven, and had to earn her living, and she intended to work in the ice cream parlor right along. This is what we meet with every day. Until such time comes that the law will establish some way of protecting the public, we are trying to do this in Jersey City now. There is no law compelling the patient to stay in the hospital. We have detectives go around to the dance halls and try to get the girls that the doctor has called "charity workers." They are the most dangerous of all. We try to get them to the clinic and, if infected, detain them; although we have no law compelling them to stay.

I want to emphasize the fact that so far as our clinic is concerned, we have been doing this work for years, not only for our city, but also for Bergen and Passaic counties; and we do not charge any more than if they were residents until such time comes as they can get treatment in their own towns.

Dr. Charles V. Craster, Board of Health, Newark: I do not agree with Dr. Wallhauser in his gloomy picture of reporting. I feel that, just as in the case of every other disease that is new in reporting, it is a question of getting familiar with the reporting of this thing. Venereal diseases are being pulled into the light and stripped of their false modesty and secrecy; and we are feeling that we shall get some definite information across to the public in connection with them. I can readily appreciate what Col. Schauffler has said regarding education. We have been running twice a week in Newark in a film called "The End of the Road," which shows in a very clear and delightful way the possible teaching of sex hygiene, as well as some definite information on venereal diseases. We have shown that to something like sixteen thousand women and four thousand men. Dr. Wallhauser has corrected me. He says that it has been shown to forty thousand people. I am informed that, as the result of this, the clinics and the dispensaries have increased in attendance, especially of women patients. After all, that is the true test of education—whether you are getting a response from the public as the result of this education.

I should hate to think that we, as a community, would have to adopt prophylaxis: but it may have to come to that, as it did, in fact, for smallpox. I feel, however, that the great thing lies in education, showing that there is

nothing that the people should not know. It is better to teach these things properly than to have them taught improperly by those who associate venereal diseases with nothing else than the immoral side. I hope that physicians will appreciate the stand that the Health Board is taking. It is trying to stamp out a contagious disease, one associated with a tremendous moral side. We, as health workers, are trying to dissociate the contagious from the moral side. That is why we are placing at the disposal of physicians every faculty for the diagnosis and treatment of the disease. The United States Public Health Service has gone further than any of them yet. It says, "We will give you free material for the treatment of venereal diseases." That is what we have in the dispensary at the present time. The Government pays for salvarsan and instruments, so that the facilities for the treatment of venereal diseases may be extended to the poorer of our population. I hope you will realize that the co-operation of the physicians with the Department of Health is very necessary for the control of venereal diseases, the same as for the control of smallpox or anything else. Without the co-operation of the physicians the Health Boards are comparatively helpless. They must know that the physicians are helping them to make the diseases at least controllable. I trust that this will bring the matter before the profession, in the sense of winning that co-operation which has been emphasized.

Dr. A. Haines Lippincott, Camden: I wish to emphasize what, to my mind, is one of the most important conditions in this fight against venereal diseases, or one of the most important points. That is, education. It has been very striking to me to see how soon the men who were given educational lectures during the war have forgotten what was taught them. They come out of the army and expose themselves and never give prophylaxis a thought. I have had so many men just leaving arm or navy consult me that I have taken the trouble to ask whether they had forgotten their instructions along the line of prophylaxis. They have given me two answers: one, that they were intoxicated and did not think about it; and the other, which, to my mind, is a very important point and one that should sink into the minds of doctors, that they had gone to physicians, and that these doctors had said, "I do not care anything about that," and sent them off. If we are going to use prophylaxis, it is important that physicians generally, no matter what line they are in, shall take the trouble to instruct these men along the line of prophylaxis or refer them to a man who will give the proper prophylaxis. I think that prophylaxis, as we know it today, is dangerous because it gives them a false security. If given as it is given in the army, we should get benefit from prophylaxis; but as given today, it imparts a false sense of security.

Now about reporting cases: In Camden, the reporting of cases merely drives these cases to Philadelphia, which is full of venereal quacks. It is full of so-called Museums, and these men go from New Jersey to Pennsylvania and the other States where they do not have these laws requiring the reporting of the disease. They tell me so, and say that this is the reason they go. I do think that, if possible, there should be

some way of reporting these diseases a little differently than giving name, address, etc. Another thing, as one of the speakers said, what good is the reporting doing? The statistics are not right, because a great many physicians do not report their cases. There should be plenty of money injected into a movement like this, in order to follow up the cases after they are reported. The local board of health should be in touch with these cases, the same as the State Board of Health. It is a matter of education and the expenditure of a lot of money to fight this disease.

Dr. Philip Embury, Basking Ridge: I have attended meetings of this kind for a great many years, and have heard papers, all more or less able, right along the same line; but, as at other times, I have been disappointed in one thing: that is, that neither Dr. Wallhauser nor others have spoken of the physiology of the subject, which ought to appeal to us before any other thing. Sex manifestations make only one group of the physiological functions that the human body performs, and it seems to me that our basis of discussion should be, first of all, physiology; because we know more about that than about the social or moral aspect of the subject. When we talk physiology, we talk of what we know. When we talk ethics, our opinion is personal only and does not bear the weight of authority.

Dr. Wallhauser mentioned masturbation in boys. I have heard that this is common; but what the statistics are, I do not know, and I do not believe that anyone else does. It is more common than people are willing to admit, and the reason that it is done away with in ninety per cent. or more of the cases is the establishment of regular sex relations on the part of the boys when they get older. I do not believe that it is so large a factor as it might be. When it comes to continence, I should like to know what authority Dr. Wallhauser has for saying that continence is compatible in every case with good health. I do not think that a statement of that kind can be made which will cover all cases. It is compatible with the health of some; but that this is true in the case of every man, I cannot believe. I do not believe that this statement is accurate. I have been brought up in as good surroundings as the average person; and I do not believe that among my intimate friends I can count on the fingers of two hands ten men who have remained absolutely continent until marriage. That may be the fault of my bringing up and association, but I have talked to others and have had this idea corroborated many times. Sex function being a physiological process, the question is, do we, as doctors, really and firmly believe that any amount of education is going to throttle or stifle such a deeply-rooted physiological impulse? It may be possible for education to improve people. For instance, they will alter their diet for this reason. They are more apt to do that than to change the great function of sex. It is a matter of elementary physiology that in the male, sexual impulse is grounded on the fact that the sexual glands produce material which accumulates in the body, and that the presence of that material brings on sexual desire. The control of this by the will is very slight indeed. This sexual

desire may be modified by other things, but sex impulse is just as periodic and cyclic as is the desire to take food. A man may go for a time without sexual activity, but the time comes when he requires relief from the pressure, just as hunger requires him to take food into his stomach. In the female, the phenomena of sex differ altogether from those of the male. Females have the capacity for sublimation on diversion of sexual needs into other channels. That can be done in the case of females, but not in that of males. There is but one way in which sex impulse in the male can be satisfied.

I also doubt the efficacy of raids. I lived in New York City during Dr. Parkhurst's activity there, and the only effect that I could see was the substitution of clandestine prostitution for professional. I have only one other thing to say, and that is regarding prophylaxis. No one appreciates more than I do the prevalence of venereal diseases. I had five years' experience in Bellevue Hospital, and was struck with the prevalence of venereal diseases. Dr. Wallhauser has given us statistics with regard to prophylaxis in the army, and he says that during the time of education and prophylaxis the disease was reduced to one-tenth of one per cent. If anything like that occurred, it compares favorably with vaccination in typhoid fever. If we can reduce the incidence to such a degree as was done in the army, I do not see that we have any choice but to give it to the public. If the public is not prepared to receive it, we cannot help that. As to moral grounds, I do not know anyone who constitutes us censors. We are dealing with scientific facts only; and if we have a chance to reduce the morbidity of venereal disease, I think that we make a mistake if we do not give prophylaxis to the public and encourage them to use it. There is nothing to prevent the refraining from extramarital intercourse by those who are able to do so, but it is our business to tell the people that there exist means to prevent the consequences, and I do not see how we can satisfy our consciences if we refuse.

Dr. Hyman I. Goldstein, Camden: What we want to emphasize, as practicing physicians, is the word "theorizing," which should be done away with. We want to quit theorizing insofar as the reporting of venereal diseases is concerned. There is no doubt that a large percentage, as evidenced by some of the associates and patients of the last speaker, who cannot be continent without considerable trouble. Even marriage is no bar to extramarital relationship; because those who have married early and have been successful in business, on occasions when their wives have been sick or have left the country, have come to our offices with venereal diseases. On questioning them, they have said that they felt they were getting nervous and could not take care of their business properly. This is a practical subject, and must be looked at from the practical standpoint. If we are going to report cases, we want to do it right, and not simply make a bluff at it. I think that the reporting of venereal diseases, as we do it now in New Jersey, is necessary. Reporting in any other way is wasting time; but with the method suggested so far as getting correct and complete statistics is

concerned, we would be wasting more time. In Massachusetts the plan is to have the doctor report the case by number, file a circular with the number given the patient on it, and report the case to the State Board of Health and probably to the local board also. If we consider that we have to report child birth within five days, keep records of narcotic prescriptions, and prescriptions for whiskey and alcohol, make out income tax returns, and report all sorts of cases to the State Board of Health—certain contagious diseases, lead, arsenic and mercury poisoning and epilepsy and mental deficiency and a host of other things—besides reporting cases of contagious diseases to the local board of health—the doctor is going to be tagged out or have to employ two private secretaries in order to keep up with the work. If we are going to do this reporting, we should do it directly and completely. The one objection given is unimportant. I have been reporting these cases. I may have lost some patients, and probably did lose some cases of venereal disease; but these patients do not have to be told that you are reporting them to the health authorities.

Another important thing is one that only recently occurred to me. I was in an ice cream saloon, and the man who served me with ice cream had active secondary syphilitic lesions syphilis has been treated by a friend of mine. He came to my office and his Wassermann was four plus. His case was reported to the Board of Health, and nothing more was done. Another man working in the same place, with syphilis has been treated by a friend of mine, and this fellow is still working there. We want to quit theorizing and get the officials of the local health authorities at work. Cases like those mentioned, when reported as actively syphilitic, should be prohibited from working in restaurants or ice cream saloons, etc. These cases should be brought to the attention of the local health authorities by the State Board of Health. If the man does not cease work during the infectious and contagious period he should be restrained.

The physicians generally should make use of the Municipal Laboratories and the Laboratory of the Department of Health for the examination of smears, for blood Wassermann reactions, and for complement fixation tests for gonorrhoea and cerebral spinal fluid Wassermann reaction, etc. These tests, of course, will help to make an earlier and a more accurate diagnosis.

Dr. Wallhauser, closing: I should like to say that the law of reporting as outlined is working satisfactorily in the cities where it has been adopted. The main feature is co-operation with the physician in keeping his patient under treatment, by offering the help of the department of social service. The resulting good to both patient and community is self-evident, and should need no further argument for its adoption.

A bore is a man who doesn't know how to waste his time alone.

PHYSICAL DIAGNOSIS IN OBSTETRICS.*

By Dr. John Francis Condon, M. D.,
Newark, N. J.

In presenting this subject, it is not with the idea of discussing the technical phase of the question, but to attempt briefly to emphasize the fact that notwithstanding the advancement of modern practice, diagnosis does not receive in pregnancy the attention devoted to it in other branches of medicine and surgery. And, it is due in a large measure to the lack of appreciation of the importance of this department of obstetrics that the mortality and morbidity rate is where it is today in childbirth.

Right here it is not to be understood that my criticisms are directed at the large body of conscientious general practitioners, who are ever awake to their obligations and responsibilities, but to those members, who for one reason or another, neglect examining their pregnant woman until labor has ensued. This examination is likely to be confined to one or many vaginal manipulations, commonly too many, and very frequently with detriment to the patient and without enlightenment of the attendant himself.

Neither will we presume to censure anyone for errors in diagnosis where an honest effort has been made to determine the physiological and pathological status of the pregnant women, for here, as in all other branches, it is conceded even the experts are liable to err. But there seems still to exist in the minds of some of the profession, the fallacy that pregnancy is a normal physiological state which nature will properly take care of, and that failing, they will be prepared to meet any pathological development and successfully cope with it. Is not that the most illogical reasoning in this progressive age of medicine; still it is the deduction of some today who will boast of modernism not only in other medical matters, but in every direction of human endeavor.

At our meeting a few years ago a paper was presented entitled "Every Obstetrical Case a Surgical Case." That is true from the standpoint of technic, and

*Read at the annual meeting of the Medical Society of New Jersey, Spring Lake, June 16, 1920.

it is equally true that every obstetrical patient is a medical case from the standpoint of hygiene, dietetics, etc. Then, is it not axiomatic that every obstetrical case is a case for diagnosis, not only at the time of labor but all during pregnancy and the puerperium; during pregnancy to differentiate between the normal and the many pathological factors that exist or frequently develop, and during the puerperium to discover any injuries resulting from labor.

We will not question the ability of anyone to make a correct diagnosis during labor, but I ask, is this the time to start diagnosis; when the patient may be in the throes of eclamptic convulsions, or striving vainly to overcome the resistance of a contracted pelvis. Whereas, if she had been given proper supervision during pregnancy, the treatment which seems to hold the main position in clinical obstetrics would not be of an emergency character, but a well developed plan of procedure more likely to be successfully carried out in the interest of the mother and baby and with ease of mind to the attendant.

Examples of this are common, as the following case illustrates. Dr. X. summoned me to a patient who had been in hard labor for over nine hours and was beginning to show signs of exhaustion. The patient being in a private hospital, I thought it unnecessary to bring along my armamentarium, but found on arrival that neither the doctor or hospital had a pelvimeter and I was obliged to go to another institution to procure one. It was the doctor's intention that we resort to forceps but my examination revealed a primipara with an undilated cervix, a large baby with the head floating above the brim and the pelvis markedly contracted at the brim. I performed an abdominal section delivering a live baby and the mother had an uneventful convalescence. But, it was afterwards learned, she had pulmonary tuberculosis. An amusing angle of the case was that she traveled all the way from Chicago, the home of DeLee, Lynch, and other obstetricians of national fame to place herself under the guidance and skill of the distinguished gentleman of Newark, whose diagnostic ability is not questioned but whose neglect is open to severe censure.

To my mind, this is the type of man

who will unhesitatingly inform his patient and the family after a bungling delivery that she must avoid pregnancy in the future, and in the event of her ignoring his admonition, she will likely die. A prognosis ventured, not upon scientific deductions, but upon his own shortcomings. How many of us ever see this common prognosis confirmed by subsequent pregnancies? Fortunately for the patients and ourselves, we do not. On the contrary, we frequently have the gratifying experience of seeing them go through repeated pregnancies, some so normal that we cannot help sympathizing with the patient for having had to endure the horrible nightmare of anxiety caused by the man who gave such a verdict.

On the other hand, we meet cases where we are summoned to resort to operative interference, where a thorough examination reveals nothing abnormal, and after a few hours' rest for the woman, with assurance and patience on the part of the doctor, she will deliver herself; and as I have seen, on more than one occasion, before the attendant returned if he left the case for a short while. It is not ignorance of the subject that is responsible for the failures here, but neglect of thoroughness in the examination. All text-books on obstetrics treat the matter of physical diagnosis completely, and one author places the subject very clearly when he states that pregnancy does not necessarily require active interference but it does need competent medical supervision. Before the rise of modern scientific obstetrics, the physician had one interview with his patient before he saw her in labor. At this interview he computed the expected date of confinement and perhaps arranged the matter of the fee. It is unfortunately true that there are some physicians who have made no further advancement in practice today.

In practice, there are three classes of patients, who are attended without adequate diagnostic service. 1st. Women who fail to consult the physician until the onset of labor, or in whom some pathological condition develops, such as placenta previa or toxemia in the advanced stage. 2nd. Those cared for by midwives—trained or untrained. 3rd. A class who seek early in pregnancy professional service but unfortunately do not receive it.

In the light of present-day knowledge, is it not reasonable to arrive at the conclusion that it is this group which goes to make up the large mortality and morbidity figures in childbirth; cited not only in medical literature, but also attracting the attention of lay magazines and newspapers, which in turn are endeavoring to awaken the public to the realization of the importance of prenatal supervision.

Permit me to quote the following questions set forth in a campaign conducted by a high-class popular magazine to save the seventh baby; in which it is claimed that every seventh baby born in the United States dies before it reaches a year old, either from ignorance on the part of the mothers, or neglect upon the part of the attendant:

1. Are you a mother?
2. How long before the birth of your baby did you seek medical supervision?
3. Were you instructed about your diet, exercise, work and other matters?
4. Were urinalyses frequently made by attendant?
5. Was a pelvic examination made to determine the likelihood of a difficult or complicated labor?
6. Were pelvic measurements made to supplement this examination?
7. At the time your baby was born did your attendant use any safeguard against infection? Were his hands carefully scrubbed and were all dressings and instruments sterilized?
8. Were you examined afterwards for any damage resulting from childbirth?
9. Were drops put in your baby's eyes to prevent infection?
10. Was the great importance of maternal nursing for your baby emphasized, and were you instructed as to details of its care and feeding?

Following these questions the author in large type renders this verdict:

"If these matters were not attended to, you and your baby were neglected."

There is no one present who will not concur in that indictment. Does it not justly accuse the attendant, who fails to follow these recognized common rules, of being guilty of malpractice and if technically innocent under the law, he is still guilty not only of violating the highest moral obligation ever placed upon men—to conserve and save human life, but of abusing that unbounded faith and confidence reposed in him by his patient to carry her safely through the greatest event in human life—motherhood.

It is estimated by gynecologists that

50% of their work is the result of obstetrical injuries, their inference being that the cause is faulty technic. For comparison, would it not be interesting to be able to establish the number of those who receive proper prenatal and post partum supervision?

The New York Post Graduate Hospital, in its present campaign for funds, dilates upon the fact in the public press that 20,000 women die annually in childbirth in this country. Would it not also be interesting to be able to compute the percentage of those who were neglected from a diagnostic standpoint? Polak, in his clinic, reports that of all the toxemias of pregnancy under observation only one terminated in convulsions, establishing the value of proper prenatal care. In the last five years in my own practice, I can only find one case, that was under supervision, developing convulsions, and that was only six weeks ago, or one in about fifty cases. In the obstetric service of the Newark City Hospital in October, 1918, out of forty cases admitted during the month, ten, or 25%, were eclampsics brought in in convulsions and strange to say our mortality rate that month was nil. None of these had had prenatal attention.

The great medical effort of today is the standardization of hospital practice in all branches of medicine and surgery, in the interest of the patient.

Is the charity patient in the hospital to receive better care in our State than the patient in private practice? Yes, unless we standardize private practice too among ourselves, and if we don't, I believe the public through education will compel us to; or we will be classified with the quacks, who practice healing in all forms, and whom we condemn because of their lack of diagnostic ability to determine the nature of disease. If we fail in our duty, is it to be wondered at that the public seek help in Christian Science, Osteopathy and other cults, when we drive them to them?

Did the Government in the late draft accept any man as normal without determining by a thorough physical diagnosis his true state? Is not the great army of mothers and prospective mothers of equal importance to our national well-being and should they not receive the same careful diagnostic service? "Does not the hand that rocks the cradle rule the world?"

No one likes to be accused of treating a case wrongly, yet you hear men boast of never examining their obstetrical patients. Let me say to those men that knowledge is not obtained by intuition in obstetrics any more than on any other subject, and if they will fulfill their obligations to the pregnant patient, they should place for their guidance after the expected date of confinement is recorded in their book the motto of the immortal Pasteur—"I do not know—I will investigate."

Preventive medicine is the theme not only of the idealist but of every physician in every civilized community. Is there any greater field than that of obstetrics for its development and practice? Then how can the pregnant woman receive the benefits of preventive medicine unless she is investigated clinically?

The tendency to regard obstetrics as a purely surgical specialty should be discouraged. It is perfectly true that the obstetrician should have a good surgical training, but it is as highly important to discover nephritis or incipient tuberculosis early in pregnancy as it is to be able to do obstetrical operations. The physician who directs his attention to the thorough physical examination during pregnancy is not resorting to surgery as frequently as the one who treats a patient as an emergency case. The pelvimeter and blood pressure apparatus are as essential in every obstetrical bag as forceps and other obstetrical instruments, but the latter always holds the place of prominence and the former are frequently missing. Therefore, the first duty of the physician, who engages himself to do obstetrical work, is to become familiar with the history and general condition of his patient. He should inform himself long before the labor begins as to whether or not there is anything in the condition of the mother or child that may delay or complicate the process. This can be done only by actual examination. The prophylactic value is manifest and its importance cannot be too strongly emphasized. It not only safeguards the patient against many dangers, but it familiarized the physician of conditions at a time when they can be much better studied than during labor, and frequently makes internal examination early in labor superfluous, thus lessening the danger of infection.

In view of these facts I take the premise that physical diagnosis in pregnancy is the keystone to successful obstetrical practice and I would suggest that our State Society through the Committee on Public Health and Education give this matter the same consideration that is afforded other questions that are of vital interest to the well-being and health of the community.

DISCUSSION

Dr. P. D. Bunting, Elizabeth: The paper we have just listened to is a plea for better obstetrics, to be brought about by knowing the condition of the patient continuously during her pregnancy, during her labor, and during her puerperium; so that if anything is discovered for which you know that something must be done, or if something develops along the course of the time you are following the case, you will be able to do what is necessary when you should do it and as you should do it. You cannot do this if it is discovered late, when you only have left to do what can be done under the circumstances. The doctor who will put the suggestion of the paper into action will give better service to his patients, and for what the author has said, I feel that it is my privilege to commend him.

Now just a word about getting the suggestion put into action—I really believe that there are a good many men in this State Society who have had an awakening with regard to obstetrics. They are beginning to say to themselves, "I believe I will devote my attention to obstetrics." We are in the midst of a campaign for better obstetrics. People are looking around to find where they can get the best service, not the cheapest. The best surgeons, the best physicians and the best men in your city who specialize in their work, are thinking, and some saying aloud, "What we need is a man who will devote his whole efforts to obstetrics." I am sure that there are members of the staffs of a good many hospitals in New Jersey who, as soon as you take up the work and prove that you can do it, will ask you to join the staff. The time is opportune, and you men who have been working for ten or fifteen years ought to do this. If you do not, others will come in who have had less experience. You can do it. You will be surprised at how much your colleagues will help you in the work. When this happens, and we get men doing this work, then the author will get his suggestion carried out.

Henry B. Kessler, Newark: After listening to the interesting paper of Dr. Condon, the question arises, "Why is it that such an important branch of medicine as obstetrics is not receiving the attention it should?" This lack of attention is evidenced by the fact, that in the light of our present knowledge of how to prevent and cure disease, asepsis and anti-sepsis, and greater diagnostic skill, the mortality and morbidity in obstetrics is only slightly decreased while there is a marked reduction in mortality in other branches. Dr. Condon in his plea for better physical diagnosis shows how the obstetrician has failed in his duty and how by preventative medicine the mortality

and morbidity in obstetrics can be markedly reduced. The statistics of Schwarz show that in the U. S. 9/10 of the expectant mothers receive no antenatal supervision; that 40% of all confinements are attended by those not qualified.

In my contact with a large number of obstetrical attendants, both physicians and midwives, I observe that as a rule, general practitioners engage in the obstetric art as a side issue to other specialties and that a large percentage either do not appreciate the importance of good obstetrics or are too busy to practice it. Most of the midwives are untrained, ignorant, they know nothing of antenatal supervision, give scant attention to asepsis and antisepsis and know little of the mechanism and management of labor. Unfortunately comparatively few men take up the practice of obstetrics as a specialty. The reasons for this are that the physician must lead a hard and irregular life, remuneration is small, and the lack of appreciation by the public of the importance of proper obstetric care as shown by the fact that the expectant mothers look upon pregnancy as a physiological process and for this reason engage the physician shortly before delivery. They seek medical advice only for the relief of some special symptom. They still believe that no special skill or attention is needed for care of obstetric cases. Since we admit that it is easier, safer and more economical to prevent than cure disease, why not apply preventive medicine to obstetrics, for that is really what prenatal care does.

The following statistics show the percentages of abnormal conditions found in pregnancy which can only be detected by systematic and thorough physical diagnosis: 4% present symptoms of toxemia; 2% show heart lesions; 9% some degree of pelvic contraction; 3-5% are affected by syphilis; 6% have abnormal blood pressure; 1% antepartum hemorrhage; 0.7% show evidence of tuberculosis.

One of our leading obstetricians has rightly said, "Consider every pregnant woman obstetrically abnormal until you have proven her normal, and then you do not know what is going to happen until it is all over." One can only appreciate the value of prenatal care by studying the results obtained in patients who receive antenatal supervision and those that do not. The following reports of two well-known clinics are no doubt familiar to you.

The Boston Prenatal Clinic has supervised during five years, up to the onset of labor, 1,512 cases without a death. During this period sixty eclamptic manifestations in the first years were reduced to five, in the last year with one postpartum death. Still-births dropped to one-half that of the city at large. Premature births lowered to 1%. Infant mortality was reduced 50% below that of the Boston Health Department.

The report of the New York Milk Commission shows in a series of three thousand cases under supervision, the maternal mortality and morbidity reduced 69%, still-births 22%, there is 28% decrease in infants' death during the first month. In view of these statistics no one can question the value of prenatal care. The present high mortality and morbidity in obstetrics is unnecessary and largely preventable. By prenatal care one can

prevent and quickly meet complications as they arise. It is grossly evident that men of little or no training feel competent to act in obstetrics more than in any other branch of medicine. They do not realize that because of their shortcomings they are apt to do a great deal of harm resulting in death or life-long invalidism.

Obstetrics is a field of great usefulness and very wide scope. The duties of the obstetrician does not begin with the advent of pregnancy and terminate with delivery of the placenta. He must be able by operation to restore the patient to that state of health which she enjoyed before pregnancy. Obstetrics must be made more attractive so that those entering this branch will not be tempted to leave it for less laborious fields. Physicians will be better compensated as soon as the laity will be made to understand the benefits of good obstetric care. Hospital records must be carefully kept and accessible at all times, so that they can be studied by those interested. Hospital standardization will make it obligatory upon a Board of Governors to conduct an institution in such a manner and have upon its staff well-trained men so that the hospital will furnish the highest degree of efficiency in caring for the sick.

It is hoped that the State Society as suggested by Dr. Condon will start a campaign of education so that the public will know that to bring life into the world needs advice and supervision by attendants competent to do so.

THE GENERAL PRACTITIONER'S INTEREST IN RADIUM.*

By **C. Everett Field, M. D.,**
Director Radium Institute.
New York City.

The medical fraternity seemingly has suffered a lack of proper guidance in matters relating to the true status of radium classed as a therapeutic measure. Unfortunately circumstances followed the hue and cry of its early pioneers, who unhesitatingly announced it as a cure for cancer and other ills of mankind. The sad failures that came in response to its application exerted a baneful influence upon the mind of the surgeon, who most willingly sought for some adjunct measure to improve the end results of the knife. Were it not for the persistent effort of the student of radium to prove its efficiency, its true worth might have been lost to us many years.

We do not hesitate today in proclaiming that radium, which has now reached its twenty-first birthday, blossoms out, as the most remarkable therapeutic agent, used in medical or surgical science.

*Read before the Monmouth County Medical Society at Red Bank, June 10, 1920.

The discoveries relating to its action on the tissues and fluids of the body by the pathologist and biochemist, have been so revolutionary, that we find it utterly impossible to prophesy future development.

Today radium is granted a place in your armamentarium, first, because it has served without question, to relieve the horrors of the totally inoperable cancer victim. Quite uniformly, in such a state, do we witness such palliative effects as largely control pain, hemorrhage and offensive character of discharges. There is a tonic influence that notably restores, a bit of hope, to the patient that is comforting to those who minister.

The pendulum has again swung back in favor of radium, which is being worked on a more scientific basis. We now know, to a large extent, how the rays accomplish their task; to what limits they should be forced; and why often they may fail. A few side thoughts relating to the physics of the element may not be lost. A gram of radium worth \$120,000 may be forced easily in a five-grain geletine capsule—it has energy that can be used for 17,000 years. Such an amount can be made to give full treatment to at least 1,000 cancer patients per year. The full energy from a gram of radium, when gathered in the form of its emanation or gas may be compressed into a glass globule not larger than the head of a pin. Of the three rays emitted from radium we make use of mainly beta and gamma types. The first is of electrical nature, actively destructive and readily causes irritation and burning. It is valuable for superficial fungating areas, but is screened off or absorbed by various metals, rubber tissue, cotton, etc., when we desire to seek the destruction of deep-lying tumors. In attacking deep masses the gamma ray, which resembles ultra-violet light, is used. With sufficient amounts of radium it is possible to attack and destroy tissues six or eight inches deep within the body without damaging seriously the outer tissues.

We are all familiar with what surgery in cancer can do. The greatest surgeons in the world's history are now living. Surgery can remove all cancer tissue it can find, but it cannot modify those microscopic islands that at times are left. Herein is the province of radium. Its rays destroy through their selective influence the cell nuclei of cancer tissue

and alter chemically the intercellular substances. It further constricts the blood supply of malignant areas. Although the author does not hesitate in affirming the full acceptance of this statement, it must have its limitations, or radium indeed, would be a cancer cure and surely it is not. In primary cancer tissue, radium can kill neoplastic cells imbedded in healthy tissue, yet when wide metastasis takes place it is fully as helpless as any other known therapeutic measure to exert a cure.

Preoperative and Postoperative radiation.—Much had been written in favor of postoperative use of radium, but the author although still advising it, believes that following operation, we may have neoplastic cells widely disseminated along lymphatic channels to an extent that it makes futile any attempt to pursue them. The logical time to destroy the cancer cell, to limit its propagation, to block the lymphatics, is prior to operation. This today probably forms the most important field for the co-operation of the surgeon and radium therapist.

In treating cancer what real hope can be found in radium. In simple epithelioma or skin cancer 80 to 95% can be cured with radium, but the knife or x-ray will possibly do the same, therefore, except for cosmetic results, we are not interested.

There are a few indications for the use of radium, that may take preference as compared with surgery. In lymphosarcoma, where the surgeon draws back in hopelessness, we frequently see startling results under radium treatment. Only a few of these cases have held as permanent, but the relief granted, even the hopeless, warranted all effort.

Fibroid tumors of the uterus offer a field rich in good returns. Some authorities claim 95% permanent reduction both of the tumor mass and the active symptoms. All this is highly important, especially to the comparatively young woman, so affected. Surgery offers most attractive figures on this common operation, yet with end results even equal, who can justify the knife.

Cancer of the cervix, treated surgically by the best operators, shows a discouraging record even in good risks. Clark, of Philadelphia, one of the most brilliant and conservative operators, estimated that in ten years he refused to operate

300 cervix cases out of 360—only 15% operable—the balance, 85%, must be left to die. If this be the record of a truly gifted surgeon, what must be the lot of the rank and file of 72 cases of cancer treated at the Radium Institute during the four years ending December, 1918? We have 9 cases well over three years, twelve more, or twenty-one in all, apparently permanently well. Marked extension of life and comfort was accorded all. Authorities report even better percentages than the foregoing.

Cancer of the uterine body undoubtedly should have surgical aid in preference to radium. The same applies to cancer of the breast. Prompt and complete surgery offers the one hope. Radium here should precede or follow simply as an adjunct measure.

Primary cancer of the vagina, vulva, etc., difficult to treat surgically, responds with gratifying results to easily adapted radium treatments. Hodgkin's disease and leukaemia, both present excellent fields for real results, with radium, while discouraging to surgery.

Oste-sarcoma of the long bones at times is controlled, with some cases classed as cured.

The author can class his work in tubercular glands of the neck as almost 100% cures. The treatment consists of not over three or four radiations, averaging a total of about 4,000 milligram hour's dosage. Rarely do we have a breaking down of the glands and sinus formation, such as frequently follow the knife. The results are so uniformly good that I do not hesitate in advocating that radium should here be the method of choice.

Then comes a chain of more special forms of malignancy such as relate to the nose and throat, gastro-intestinal tract and those of the urinary bladder and prostate, not so successful with radium, yet with improved technic we are each year more and more encouraged.

Tonight, although one phase of treatment has been discussed, let us all realize that we each have a duty to perform in the Cancer Problem. Let us remember that cancer in its primary stage is well walled in and is then curable. Delayed treatment such as may be indicated at this time carries terrific hazards.

205 West 70th Street,

FOLLOWING AFTER FALSE PROPHETS.

President's Address, delivered at the Annual Meeting of the Essex County Medical Society, Newark, N. J., Oct. 5th, 1920.

By George B. Philhower, M. D.,

Nutley, N. J.

Mr. Chairman and Fellow Members
of the Essex County Medical Society:

I would be more than an ingrate, or an egotist, if I did not at this time tell you that I am not insensible to the high professional honor which you conferred upon me in electing me your Captain for the years 1919 and 1920. When you elected me your President a year ago, I entered upon what I hoped would prove to be my banner year professionally, for the Essex County Medical Society had given me much during the last quarter of a century, and it was my supreme desire to meet, in a small degree, as your president, my obligations to it by giving the best that was in me.

I had but just appointed my committees when an almost mortal sickness laid me low, and removed me from the scenes of all activities, and made me a liability instead of an asset to you. That I am with you tonight is wholly due, I believe, to the faithful and skillful attendance of four of our members, three of whom came out of their beaten paths to my home in Nutley during all those terrible arctic months of last winter and brought me: "Back from the jaws of death," but I hope that we shall never find it necessary to complete the quotation; no outside talent was imported or needed.

While the year has been one of almost overwhelming disappointment to me professionally, I feel quite certain that it has not been a failure so far as the work of the Society is concerned. Under the capable direction of our splendid Vice-President, Dr. Martland, with the fine co-operation of all the other officers and various committees, its work has approached nearly to the ideal of what the work of a society of this character should be, that is, instead of narrowing its work down to purely scientific subjects, it has acted as a great teacher to the public, and has tried to safeguard it from following after false prophets.

With this preliminary, I will pause long

enough to announce that the title of my address is:

Following After False Prophets.

Society today is more unsettled, and is more prone to follow after false prophets than at any time during our generation. In civic affairs, we find the Bolsheviki, the Reds, the Soviets and the I. W. W.'s preaching their nefarious doctrines with red tongues; while a few discontented members of the church are trying in vain to establish the Church of Mary G. Baker Eddy on the Rock of St. Peter, and a still greater number are seeking relief from their aches and pains from the Chiropractors, the Osteopaths, the Faith Curist, the Christian Scientist and all the rest of the quacks and blatherskites, who, after taking a two or three months' correspondence course, consider themselves expert enough to tell the public what can be done in the way of ridding the races of men of all their ills.

Oh, the pity of it! that this Society, numbering more than five hundred members, men and women, who can be called upon at a moment's notice to perform any operation in surgery, or who can diagnose and treat with unexcelled skill any of the ailments to which human flesh is heir; who are only qualified to begin their professional work at the age of twenty-eight, and after having spent from five to ten thousand dollars, and then only after going before a State Board which pronounces a goodly number of them as not being qualified. Five hundred medical people who have charge of all the hospitals in this populous County of Essex, who have charge of all our public health offices, who direct and do all the medical examinations of our tremendous public school system, and of all our life insurance companies.

Five hundred scientifically trained medical men and women who are the family physicians of our Judges upon the bench, of the leading lawyers at the bar, of the eloquent preachers in our pulpits, of the plain citizens who sit upon our juries, of the principals and teachers of our schools; yea, even of the families of members of the Board of Education, and, still, the first duty of this Society this year was to appear before the Board of Education of this great city and defend the compulsory Vaccination Act. Who were upon the other side of that question? The chief was my dear, old friend, Dr. Corlis, a veterinary surgeon (I am

happy to say that when I kept horses and cows, I knew him to be a good one), an osteopath, a chiropractor, whoever or whatever he was I do not know, and still another, who makes diagnoses by examining the eyes, and several very excitable and erratic laymen whose children had been treated for some unhealthy granulating tissue which had appeared at the site of their vaccinations.

It makes my heart palpitate and my brow grows damp this night when I think what a pernicious result that meeting might have had, if your Board of Education had been men of a different mould. Voltaire, just a plain layman, writing about smallpox two hundred years ago said: "You are ignorant, or pretend to be ignorant, that in the London hospitals set apart for natural and artificial smallpox, one-fourth of the patients who have common smallpox die, while scarcely one in four hundred of those who have been inoculated dies." "Thus you let one-fourth of your fellow citizens perish." Here we are in this enlightened City of Newark, five hundred of us, with the best medical training that has ever been given to medical men and women in all the history of the world, repeating that master layman's question of two hundred years ago: "Oh, first people of the earth, when will you become reasonable?"

Some of our members spent much of last winter in Trenton in their efforts to keep our very intelligent law-makers from placing upon the statute books such laws as would make it legal for anybody who conceives a new cult, or cure, for disease to go before the public and try out his pernicious remedies and get rich quickly by so doing.

The generations of men have always followed after false prophets and they always will. The millions who have made the trip to Mecca have done so by reason of the revelations of a false prophet. "Mecca is considered, and not without reason, as one of the most ancient cities in the world. It is, indeed, proof of its antiquity that nothing but superstition could occasion the building of a town on such a spot, for it is a sandy desert, where the water is brackish, so that the people die of hunger and thirst. The country a few miles to the east is the most delightful upon earth, the best watered and the most fertile. There the Arabs should have built, and not at Mecca, but it was enough for some charlatan, some false

prophet, to give out his reveries, to make of Mecca a sacred spot and become the resort of nations." "Thus it was that the temple of Jupiter **Ammon** was built in the midst of sands."

In a prominent church paper, which we read in our family, was the picture of General Gorgas, labelled, "The Physician to all the World," and on the next page the picture, equally large, of a man who cures hernias without operating. This paper has a wide circulation, its editor and staff are men of wide experience, culture and cultivation, erudite and well-informed on all subjects, and yet they go on advertising to the public that hernias can be cured by medicine. With all of your hospital experience, among the five hundred of you, I dare say that not one of you has ever cured a case of hernia by any kind of medical treatment. There can be no doubt but what that advertisement causes many deaths each year from strangulated hernias. The religious influence of that paper is very much offset by the physical distress which such items cause, and the responsibility rest upon that very able staff, who should know better.

Our Society, large and intelligent as it is, cannot work a revolution in these matters, or bring about an Utopia, but it can continue to carry on the good work of letting the light into a few benighted souls. The public considers us capable and competent to have charge of all public health matters, and of all public institutions, and we are certainly the first to be called upon in all epidemics. When the East Side has an epidemic, upper Fifth Avenue has a panic, and calls to the regular profession for help; when smallpox appears "Down in the Neck," Mt. Prospect and South Broad cry for an army of vaccinators to "take distance" and stand between: no listening to the plea of the anti-vaccinationist; no following after false prophets then.

When epidemics of smallpox, yellow fever, typhoid fever, scarlet fever, diphtheria and infantile paralysis are to be controlled and stamped out, it is the regular profession that is called upon to do it and not those with a few months' training, or those who have some religious, or some other foolish inspiration. The picture of General Gorgas was printed and labelled "The Physician of the World" by that religious paper, because that very intelligent staff realized what

he had done in stamping out the "yellow plague."

What can be done to lessen the number of followers after these false prophets? Whatever we have done so far, or whatever we shall do in the future, toward exposing them has been, and ever will be attributed to jealous motives on our part. Apparently all of our authoritative bodies immediately think that we are fearful that they will make such inroads upon our practice that nothing but starvation remains in store for us, and they want these brilliant healers of the sick to have a show. Of course, I am not a Solomon to suggest a remedy for all the evils that exist, but I have lived long enough and have practiced my profession long enough to have acquired a few positive opinions upon this subject.

First of all, if I have established the premise, that the public is dependent upon us in all public health matters, and in all epidemics, then I shall issue this challenge: Our profession is too modest in telling the public what should be done in peace as well as in war. While I have no use for citing individual cases, or individual success, I fully believe that the public should be kept officially informed of what is going on in a medical way in its public institutions, and in all other medical affairs, and how well we are directing the public health matters of which we have charge. To accomplish this, I would recommend that our Society have a standing press committee whose duty it shall be to see that everything of a progressive, or protective nature be given to the public from time to time. It would be well to announce to our local papers that this committee would welcome interviews from their papers and that this Society would hold the members of that committee responsible for the information thus given.

Second: I would advise that the younger members of this Society take every opportunity to perfect themselves in the art of public speaking, and that they accept invitations from churches, clubs, public schools, Y. M. C. A.'s and Y. W. C. A.'s, etc., to address them upon all medical matters that are of importance to them. It seems quite feasible, that out of our five hundred members, we could establish a bureau of medical speakers whose addresses could be vied and our Society shall stand behind any member whom it recommends, or sends out.

Not long ago, I heard a physician of this county, but not a member of this Society, state in a public lecture, that tomatoes should not be eaten. A year ago, at Spring Lake, I heard Dr. Hess of New York state that tomato juice was good for nursing babies. Now, it is of vast interest to the public to know which statement is correct. We cannot all be Demosthenese or talk as glibly as do our friends, the lawyers who make their living that way, but we must impress the public that we are just as well-educated, and that we know what our rights and duties as members of a learned profession, and prominent members of society are. Physicians are almost of necessity leaders in public affairs, and it is necessary for them to stand on their feet before audiences, and it is sometimes pathetic what a mess they make of it. Let us learn to think and talk while upon our feet, we can do it without being ostentatious or conceited.

Third: We must appeal for a unity of medical opinions which we give out to the laymen. It leads only to confusion and suspicion for one-half of us to state that tuberculin is a positive cure for tuberculosis, and for the other half to state that we have never yet seen a case cured by the use of it. It is equally bad for one set of us to claim that a vaccine will control the spasms of whooping-cough in a few days, and for the rest of us to state that the spasms continue on just the same with or without its employment. We are not possessed of the sanguine hope of ever having physicians agree when they come to giving to the public their opinions, but I hold that we should come closer together when we state facts to the public.

We could have what might be called a clearing-house committee to investigate the progress in the treatment of disease, especially the treatment by sera, and report back its findings from time to time to the Society. I believe in majority rule in medicine as in civic affairs. We all want the latest and most improved treatment, but many of us who have grown conservative as the result of experience know that not all of the latest and most fashionable treatments are the best per se, or because they are the latest.

The remotest general practitioner in the rural districts knows of the latest discovery, in fact, every layman knows about it, but careful and conservative

physicians are loth to employ it until it has been approved by men like Flexner, Biggs, Rosenow and other noted investigators. Most of our profession are removed from the laboratories and have neither the time, aptitude, or equipment for original work along these lines and we must wait until its success has been proven by its application in thousands of cases, by a great number of investigators, who, under all circumstances, eliminate all elements of chance.

Let me impress upon you that any kind of treatment, or no kind of treatment means but little when considered only in a few cases, we must learn to think in thousands when we think of treatment. In-operable cancer has been reported by the best men in this Society, as having undergone a spontaneous cure, after they, themselves, had refused to operate, and had given up the case as hopeless. The last treatment of such a case, by an enthusiast, might have resulted in the putting forth of a new cure for this dread disease, and thus have lead hundreds of cases that might have been cured by operation, to have tried this new cure which in no way had anything to do with the spontaneous cure of that patient.

The next subject has given your reader much concern and thought as to just how it should be approached and discussed so as not to be misunderstood. It shall be given to you in all sincerity, and with the hope that you will not consider it the carking of a senile pessimist, for he sees a great danger to our profession, and he knows that you older members will agree with him, and you younger ones will not have him with you long enough for his presence to offend you over much.

The fact of our young men going into specialities so early in their professional careers, and the over-specializing of our work is working a great detriment to all around efficiency. It is tempting our brightest young men to take up a speciality too early for them to have a comprehensive view of the general field, and it leaves the mediocre men to do the general work. This practice is having its effect at both ends, the general man is not so competent to classify the patients for the various specialists and the specialist is not so competent to treat them after they have been specialized for him.

A grey-haired mother of five children, whose daughter had married a very well-to-do Western man, said to me the other

day: "Well, doctor, I tremble when I think of what you and I have been through in bringing up all of my five children to manhood and womanhood, of the days and nights that we, in our ignorance, stood by their cribs and nursed them all back to good health, through their measles, mumps, scarlet fever, pneumonias, whooping cough and their abscessed ears, and how many mastoid operations they should have had and did not have. My grandchildren are so different, and how I pity them, all of them have had their tonsils and adenoids removed, after which several of them have had to have their mastoids opened and drained, only to have their temperatures run for weeks afterward, and now some of them appear to be wrecks physically.

One of the best-known professors of diseases of children, in one of our New York colleges, and the author of the most recent and best text-book on diseases of children, says in his book: "This child had gone the rounds of the nose and throat men, each one of whom had removed a full set of adenoids and tonsils." It will be no wonder if the mother of that child goes chasing after some false prophet, other than those she has found in the regular profession.

Now, I am not condemning specialists, I call them in frequently to help me out in difficult and unusual cases; they are fine men and know what they are about. What I am trying to make plain is that I do not want them to operate upon any child in my practice without my approval. That makes them responsible to me as to the success and necessity of such an operation, for I think I am a much better judge of the matter than are its parents, besides my knowledge of that particular ailment is materially increased if I am permitted to keep in touch with it clear through to the end.

You hear a great deal about the practice of medicine and surgery being too big for the ordinary mind to comprehend. That is all true, but with your fine and extensive preparation of today, you should be able to go into any rural community and correctly diagnose and treat their unusual and obscure ailments.

Like all the rest of the world, the profession has grown luxury-loving, and pleasure-going, and wants to get rich quickly. In my old home town, there is no physician today. Forty years ago our old, highly esteemed, family physician

earned three thousand dollars a year, he had to go from patient to patient without the aid of good roads, automobiles and telephones. It seems to be just as vital to the preservation of this nation of ours that the young wife of that young farmer, away down that lane, two or three miles from town, should be attended by a skillful physician, for a fee of twenty-five or fifty dollars as it is for the millionaire's daughter to be attended for a fee of one or two thousand dollars in that very elaborate hospital. The skill required is the same in both cases. The baby down the lane might be a boy baby, and then he has a splendid chance of becoming a President of the U. S., or one of the various other kind of presidents, for that is where most of our presidents come from. If the wife and the newborn baby are not well-cared for, they may die, and that means the death of the nation.

Let me plead with you: you, young, splendid, well-equipped young men to go back there and serve your apprenticeship, and then come to the great cities and take up your chosen specialty, then we older men will believe in you and send our patients to you.

In a recent visit to my old county, I examined a supra-condyloid fracture of the humerus with anterior over-riding of the proximal part of the shaft, that fracture has existed for more than five years, the elbow locks so that young man cannot shave himself. In the same family, the grandmother fell some eight weeks ago and has a characteristic silver-fork deformity, which proves a Colles' fracture which has not been reduced; she will go to her grave with a deformed and painful wrist. Both of these fractures would have been recognized and properly reduced by our old family physician forty years ago. Just as long as we witness these things in our profession, just so long must we expect that false prophets will have their followers.

The time for our program tonight interdicts me from giving all of my views upon these matters, but I feel that one or two more should be lightly touched upon.

I want to plead for a closer harmony between physician and surgeon. It has been my happy experience to have been the physician in the team of physician and surgeon for over thirty years, and I

know that the results of all surgical operations have been better than if only medical or surgical procedures had been pursued without the combined views of physician and surgeon. Some of the cases were reluctantly operated upon by my consulting surgeons, thus disproving the cry of the laymen that surgeons always want to cut you up. Dr. John B. Murphy of Chicago, one of the greatest surgeons this country has ever produced, said that: "Sixty per cent. of all surgical operations are wholly unnecessary." What kinds of surgical operations, or who are performing these sixty per cent., he did not state, and I do not know, but such a statement from such high authority should give us pause and make us ask ourselves if it applies to our own practice.

Surgery at best is but a compromise and making the best of a bad matter, it removes something from the human body and leaves scars and adhesions which ache and pain so that the patient receives but little relief from her troubles. Surgical technique, while desirable and most necessary, is not all nor the best of surgery, the best results are accomplished by the combined judgment of surgeon and physician.

It nettles us somewhat to hear society so constantly say: "What marvellous things the surgeons are doing today," even so much so that nearly all of our young men want to take up surgery as their specialty. We all agree that surgery is wonderful and that we cannot get along without the surgeons, but if the people were taught to seek more relief from the medical side of our profession, they would be less inclined to follow after false prophets.

I heard a fine preacher the other day take the text: "When there is no vision, the people perish." Let us not forget that Behring and Roux had visions and our children no longer die from diphtheria; Walter Reed, Carroll, Lazear, Agramonte and Gorgas had visions and the people no longer perish from the "Yellow plague." May some young man within the sound of my voice this night have a vision that the people shall no longer die of the "White plague"; and may still another have a vision that the multitudes shall no longer perish from cancer!

Let us keep close to the pathologist,

but not forget the human element in making diagnoses, let us remain scientific, but let us not forget human nature and common sense. Let us think about and read that fine paper of Dr. Corwin's of last year. May we always try to become better family physicians, and always strive to be the steady pulling horse in the team of the general man and the specialist.

I shall close with a line from that immortal writer, Robert Louis Stevenson, substituting the word physician for man: "God forbid that it should be the physician that wearies in well-doing, that despairs of unrewarded effort, or utters the language of complaint."

ADDRESS.

Delivered at the Conference of the State and Counties Welfare Committees at Trenton, N. J., December 14, 1920.

By Wells P. Eagleton, M. D.,

Chairman of the State Welfare Committee.

The New Jersey State Medical Society has been compelled to enter on a campaign of education. We have not entered politics, but we have been forced by the action of the legislature to enter the political arena in the cause of public health, and to uphold the educational standards that have been attained by the effort of our predecessors. We are not in politics, but we are now demanding recognition—recognition that we physicians, by our training, are the best qualified ones to be consulted, and to dictate the policies that pertain to health matters, and to educational standards.

We are highly trained people, and we will no longer submit to insult. The State Society was forced into this by the action of the last legislature which passed the chiropractic bill at the solicitation of a small body of men who claim no educational qualifications whatever, but simply undertake to practice a new cult, to which we have no opposition. This insult probably became more blatant when the Assembly even refused us a hearing before its body. In what contempt we are held by the politicians was shown by the remarks of Commissioner Burdette Lewis, the head of the Department of Institutions and Agencies, under which are all the public institutions of the State. In a public address he said that physicians are not administrators, and through his press

agent gave it circulation all over the country but he very carefully concealed the array of facts that were presented, to disprove his statement. Later when it was suggested that the institutions should be put on an eight-hour time—Lewis asked the question what they were to do with the doctors and nurses during the time they were not employed, and stated that experience had shown that some form of prescribed recreation was necessary to prevent a lowering of their morale. Think of it, the members of a profession that demands constant study, constant intellectual and cultural growth—that demands the sacrifice of personal comfort and convenience, should have prescribed some recreation during their hours of absence from routine. If I had not been present and heard this I could not have believed it—that a man of such ignorance could occupy such an important position in the State. The roar of laughter that came from the audience demonstrated the attitude of all but himself.

We are tired of such an attitude. We are a highly educated, intelligent body; we know about educational matters. We are not paid reformers—we are reformers by our works; but men like Lewis have demonstrated that we must adopt their methods of publicity—we must have an organization, and now we have it, and now we are going to state what we do want; not that we want anything for ourselves—we do not, but we are going to see that the interests of the State are not prostituted in their hands.

Let it be understood that we are not in politics—we have no axe to grind—we have no jobs to seek—no jobs that will pay any member a single dollar. What representation we are demanding will be at the self-sacrifice and loss of personal interest of any of the members who accept it. We insist that the chiropractor bill that was passed by the Legislature this year shall be so amended that the men who come into the State to practice chiropractic shall be educated—after that they can practice as they please. We do not ask them to practice as we do, but they must be possessed of a proper degree of education, which must conform to the standards established by the Superintendent of Public Education.

We are opposed to compulsory health

insurance, because it means nothing but lodge practice, and where lodge practice has been established the scientific treatment of disease has suffered. We are demanding that in all matters pertaining to public health and educational matters, public hearings shall be granted by the State Senate and Assembly.

We also demand that physicians, and there are four physicians in the Assembly and one in the Senate, be placed on the following committees of the House and Senate: Education; Labor Industry and Social Welfare; and that the chairman of the Public Health Committee shall be a physician.

On the joint committees a physician should be a member of the following; Home for Feeble-minded Women, Industrial School for Girls, Reformatory School for Boys, Sanatorium for Tuberculous Disease, School for Deaf Mutes, Soldiers' Home, State Hospital, State Prison, State Village for Epileptics and State Reformatory for Women.

There are a number of Boards in this State on which a physician should be appointed; chief among which is the Department of Institutions and Agencies, which has under it all the Boards of the Institutions of the State. Today it consists of bankers, mining presidents, political and social reformers and labor leaders; such a personnel can have little knowledge of the needs of medical institutions. There is no physician on this Board.

On the Board of Managers of the New Jersey Reformatory there is no physician; on the Board of Managers of the State Village of Epileptics there is a physician.

On the Board of Managers of the State Home for boys there is no physician.

On the Board of Managers of the State Home for Disabled Soldiers, Sailors and Marines, and their Wives and Widows, there are two physicians.

On the Board of Managers of the New Jersey Home for Disabled Soldiers there are no physicians. There must be one added. Think of it—the profession that has, in larger proportion than any other profession, given of its services to the United States Government during the war, is not represented on the Board of Managers of the State Home for the old soldiers who are all more or less ill.

On the Board of Managers of the New

Jersey Commission for the Amelioration of the Condition of the Blind there is a physician.

On the Board of Managers of the New Jersey State Board of Children's Guardians there is no physician; there is no greater need than that the advice of medical men should be given.

On the Board of Managers of the State Home for Girls there is no physician.

On the Board of Managers of the New Jersey Reformatory for Women there is a physician.

On the Board of Managers of the State Institution for Feeble-minded there is no physician.

On the Board of Managers of the New Jersey Colony for Feeble-minded Males there is no physician. Who has studied the feeble-minded more than the physician? Who knows so much about the diseases and influences that cause it, and the measures necessary for its prevention?

On the Board of Managers of the New Jersey State Hospital at Trenton there are two physicians.

On the Board of Managers of the New Jersey State Hospital at Morris Plains there is a physician.

On the Board of Managers of the New Jersey State Sanatorium for Tuberculous Diseases there are three physicians, and so disgusted is one of them with the treatment he received, that if it had not been for personal solicitation he would have resigned long ago. He states that the local boards under the dictation of the centralized board, which contains no physician, have lost their dignity, as the central board dictates the policies and expects the local boards to assume the responsibility; policies for medical institutions made by a board on which the medical profession is not represented.

We are organized for education, for service, not for political preferment; to protect the health and the educational interests of the State of New Jersey, to place our training and our knowledge at the service of this State, in the same spirit with which we rushed into the army to help to preserve the lives, the health and the minds of our soldiers.

The discharge of blood and mucus with the stools, or without them, is always suspicious of a carcinoma of the lower bowel. If none is felt in the rectum, examine the bowel above with the sigmoidoscope.

Clinical Reports.

PNEUMONIA WITH UNUSUAL COMPLICATIONS.*

By Laurence Runyon, M. D.,

New Brunswick, N. J.

W. D., a boy seventeen years old, after not being in good health for about one week and there being another case of lobar pneumonia in the house, was taken with a shaking chill on March 20, 1918, followed by a temperature of 104°—pain in the epigastrium and liver. He was put to bed, local applications were made over the painful area; and the urine was examined and found to contain no albumen.

On March 21st his temperature was 103°, with diminished breathing over the right base. The sputum, which was blood tinged, was examined and typed—as type No. F pneumococcus. On March 22nd he was given an injection of pneumococcal serum (Type 1) 40 c.c. was given. On March 23rd he was given two more doses of the same serum. At this time he had a heavy trace of albumen, was very sick, and continued to run a temperature a little over 104°, which went above 105° at night. On March 24th he was a little better and the temperature lower.

On the 25th, or fifth day, he had a crisis. In the morning conditions of pulse and respiration cleared. On March 26th, the urine showed no albumen and everything was going well. On March 27th, had pain in the right side of abdomen, about the diaphragm, which required morphine, gr. ⅓. The 28th, pain continued and was worse on breathing or motion, so that he could not lie down. A little temperature returned and breath sounds were faint at right base. Next day pain was some better, temperature lower, but still afraid to take a long breath. Slight pain and temperature continued until April 1st, when chest was aspirated and 5 c.c. straw-colored fluid obtained. The next day about a quart of slightly turbid fluid was drawn from the chest. After that improved and was up in chair for first time on April 4.

Next day vomited twice from no known cause. Two days later there was slight puffiness under eyes, and urine was examined and found to contain much al-

*Read at the annual meeting of the Middlesex County Medical Society.

bumen. Was placed on a restricted diet. Next day very heavy trace of albumen and vomited again. Remained about the same for three days, when he was seen in consultation with Dr. A. F. Chace of New York. Two days later, in the morning, had a slight convulsion, which was repeated about noon and at lesser intervals during the afternoon. Late in the afternoon became unconscious, and went from one convulsion into another, which required the services of three nurses and two men to hold him and work over him, while I held a clothes-pin between his teeth and administered chloroform. Along with this we gave him morphine hypodermatically and washed the colon out with strong bicarbonate of soda solution. The convulsions, which were over forty in number, lasting for considerable periods of time, kept up all night and began to come on at longer intervals at about 4 A. M., finally subsiding about 4.45 A. M. He was then some better, but a little flighty for some days. Urine still remaining loaded with albumen; all kinds of casts and blood. By the 26th, which was twelve days later, he was doing well, eating better and the albumen was gradually decreasing and the quantity of urine, which had been very much diminished was gradually increasing. He was left in a very anaemic emaciated condition and it was not until June 8th that he was first able to sit up in bed. The albumen containing, on the 17th of June there was less than $\frac{1}{2}\%$ albumen, and it was not until the middle of the summer that the urine became albumen free.

Everything went well until January 20, 1920, when, after a swimming contest in Philadelphia, in a pool, he contracted a sore throat and cold which seemed to be clearing up, when on January 25th, five days later, he was taken with vomiting, pain in chest and upper abdomen. Temperature 104° , stained sputum and suspicious chest sounds. Continued to run high temperature and rapid respiration. Urine again showed albumen, which later became increased in amount. His emperature gradually decreased day by day, urine improved, but there was absence of breath sounds over the left lung.

On February 4th, which was eleven days after onset, chest was aspirated of sero—pus, a quart and a pint being removed—the odd thing being, however, that the apex beat, which was displaced

well to the right of the sternum, failed to regain its normal position. On the 12th of February, eight days later, he was aspirated again, one quart of sero-purulent fluid being removed. After this tapping the heart once again remained fixed at the right of the sternum, there being no pulsation on the left side and on percussion no marked enlargement could be made out. By the first of March, which was five weeks after onset, urine had become free of albumen, the pulse was becoming slower and less affected by changes of position, and the apex beat gradually nearing the right of the sternum. This process continued until finally the beat was behind the sternum and not apparent, and it gradually resumed its normal position and by April 1st he was up in a chair.

He was finally discharged July 1, 1920, and after a good summer, spent on Barnegat Bay, on examination this fall, his heart was found to be normal in size and action, and his lung clear.

AN UNUSUAL CASE OF PULMONARY TUBERCULOSIS TREATED WITH ARTIFICIAL PNEUMOTHORAX.

By M. J. Fine, M. D.,

Director Tuberculosis Bureau; Newark Board of Health; Visiting Phthisiologist
Newark City Hospital.
Newark, N. J.

I desire to report this case for two reasons. First, because it emphasizes the difficulty of making a positive bacteriological diagnosis of tuberculosis, even in the presence of active haemoptysis, and second, because it demonstrates the beneficial effect of an artificial pneumothorax when our customary remedial agents fail us.

A. C.: Age 40; male; white; married; an electrician.

Habits: Good; weight, 184 pounds.

Family History.—Negative as to any tuberculosis or other chest conditions.

Previous History.—Pneumonia ten years ago. Since that time he has been in the best of health.

Present History.—Onset dates back to three years ago, when patient began to cough and expectorate blood. Haemophysis was the cardinal symptom, accompanied with slight dyspnoea. Examination by his family physician show-

ed no elevation of temperature; no increased pulse rate; no night sweats and no definite signs in chest. Repeated examinations of his sputum were reported negative. Treatment produced no beneficial results, and in March, 1919, he was referred to me by his family physician.

Examination revealed the following:

Inspection showed patient well developed and well nourished. There was some muscular retraction, at the right infra-clavicular space. Palpation, vocal fremitus increased anteriorly and posteriorly on right side. Percussion impaired resonance below the clavicle as far as the 4th rib. Dullness at the apex, auscultation, intensification of whisper and emphoric breathing, above the right nipple. There were a few medium rales about the same area. There were also numerous crackles at the right base posteriorly. On mensuration it showed a diminished expansion of the right chest. X-ray examination showed a distinct cavity a half an inch below clavicle at mid-clavicular line. Heart not displaced and normal.

The patient was put to bed and numerous drugs credited with stopping haemorrhage were used without results; the patient remained in bed for three months, but haemoptysis persisted.

In July, 1919, I referred him to a tuberculosis sanatorium. He remained there four months, and during his stay, coughed and expectorated blood continually.

At the end of four months he was sent home as non-tuberculous, and again came under my care. I put him to bed and again tried various drugs without results. The peculiarity of the case was that the more he rested, the more blood he expectorated. The sputum examination at six different times had been reported negative.

In January of this year, thinking that an autogenous vaccine might benefit my patient, I sent the blood stained sputa to the laboratory for that purpose. The sputum was returned with the report that tubercle bacilli were present. Several succeeding specimens, all showed the presence of tuberculosis.

Because of the above findings, I decided not to use vaccine. I permitted the patient to work; during which time haemoptysis and slight dyspnoea was present, but no increased pulse rate or

elevation of temperature. There was no loss of weight at this time and medications were stopped.

On May 4th I thought I might try to produce an artificial pneumothorax on the right side, and I injected 150 Cc. of air when the pressure became positive and the patient began to complain of pain and pressure. On May 11th the patient returned to my office for a refill. Haemoptysis had stopped at this time, but expectoration still persisted. On inserting the needle I found fluid of a cloudy nature, which I thought best to leave alone.

Patient is at work and feeling much better.

362 Clinton Avenue.

County Medical Societies' Reports

ATLANTIC COUNTY.

Clara K. Bartlett, M. D., Reporter.

The regular meeting of the Atlantic County Medical Society was held December 10th, 1920, at the Hotel Chalfonte, Atlantic City, at 8.30 P. M.

"The Treatment of Syphilis, in the Light of Laboratory and Clinical Studies" (lantern demonstrations), was the subject of a paper by Dr. J. Frank Schamberg of Philadelphia.

Neosphenamine is more frequently used than arsphenamine because it is safer. But while less toxic, it is also less powerful. When the solutions of these drugs cause unpleasant symptoms, it is generally due to the fact that they have not been rendered sufficiently alkaline.

A picture of yaws was shown. The patient was cured by one injection of arsphenamine. Syphilis does not respond so readily to treatment. It may be positively stated that syphilis as a disease is curable, but it is exceedingly difficult to determine just when an individual case is cured.

"A Resume of the Non-Surgical Method of Draining the Biliary Apparatus, with the Result Obtained in the Diagnosis and Treatment of the Last One Hundred Consecutive Cases," was given by Dr. B. B. Vincent Lyon, Philadelphia.

This method is based upon the principle that when the duodenal zone relaxes, the gall bladder will squeeze. Epsom salts has the ability to relax this zone. When put into the duodenum through a tube, its action is different from what it is when given by mouth. The patient comes on a fasting morning. The teeth, mouth and stomach are thoroughly cleansed. Then the tube is swallowed. It takes about twenty minutes to get into the duodenum. One knows when the duodenum has been reached by the tug at the pylorus; also by the alkaline fluid, instead of the acid fluid from the stomach. It is best to commence with 75 c.c. of the fluid, never with more than 90 c.c. The first bile is from the common duct: the bile from the gall bladder becomes darker; all should be transparent. The end

bile is always lemon yellow, true liver bile recently secreted. If this is not the color of the end bile, something is wrong with the liver.

Pathology: Off-color of the bile. The capacity of the normal gall bladder is $1\frac{1}{2}$ to $2\frac{1}{2}$ ounces. If we get $3\frac{1}{2}$ oz., the diagnosis is that of distended bladder. If 6, 8 or 10 ozs. are obtained, intermittently discharged, you can mentally conceive that the gall bladder has weakened. These conditions are forerunners of pathological organic conditions: of gall stones, which are caused by stasis plus infection.

Sources of infection may be tonsils, teeth, otitis media, sinus disease, chronic bronchitis, etc. The symptoms are easy fatigue, headache, nausea, dizziness, belching, flatulence, insomnia, disturbed sleeping states; drowsiness during the daytime, heart burn and migraine.

Physical findings: Abdominal tenderness, gall bladder not palpable in any case.

Treatment: Lavage and disinfection of stomach; lavage of duodenum, with sodium sulphate sweeping the intestinal tract as quickly as possible; local treatment; autogenous vaccines.

Of the cases studied, 64% showed complete arrest of symptoms. 31 incomplete arrest; 4% no arrest. The arrest in symptoms is not considered a satisfactory basis for estimating the success of the method, because symptoms might abate but the findings continue abnormal. In 38% there was complete arrest of abnormal findings. Many of these cases had had surgical treatment.

Dr. Lyon believes that shortly this method of examining the functioning of the biliary apparatus will be as much routine practice as the examining of the urinary apparatus is today.

CAPE MAY COUNTY.

Eugene Way, M. D., Reporter.

The annual meeting of the Cape May County Medical Society was held on November 9, 1920, in the rooms of the American Legion, Cape May Court House, with President Haines in the chair. The following members were present: Haines, Douglass, Washburn, Hughes, Marcy, Pettitt, Tomlin and Way. Drs. Walt P. Conaway and Philip Marvel of Atlantic City and Dr. S. M. Wilson of Bridgeton, were in attendance.

The following officers for the year 1921 were elected: President, Dr. Frank R. Hughes, Cape May; vice-president, Col. Charles M. Gandy, U. S. Army; secretary and reporter, Dr. Eugene Way, Dennisville; treasurer, Dr. H. H. Tomlin, Wildwood; censors, Drs. J. S. Douglass, S. D. Mayhew and V. M. D. Marcy. Delegate to the State Society, Dr. Julius Way. Committee on Public Health Legislation and Welfare, Drs. P. C. Washburn, Julius Way and John S. Douglass.

A most able and interesting address on some newer methods of medical and surgical treatment was delivered by Dr. Walt P. Conaway of Atlantic City, and eloquently discussed by Dr. Philip Marvel. Dr. Conaway was voted the thanks of the society and requested to have his topic published.

HUNTERDON COUNTY.

Samuel B. English, M. D., Reporter.

The annual meeting of the Hunterdon County Medical Society was held in the Grand Jury

room, Flemington, N. J., October 26th, being attended by the following members: Dr. Best, Dr. Decker, Dr. English, Dr. Harmon Sr., Dr. Romine, Dr. Salmon, Dr. Sproul, Dr. Topkins, Dr. Young, Dr. Closson, Dr. Henry, Dr. Fulper, Dr. Apgar, Dr. Johnson; with the following guests: Dr. B. H. Harmon, Dr. G. N. J. Sommers, Dr. Fred Low, Dr. Smith, representing the State Department of Venereal Diseases. Dr. Fred Low was admitted to membership and petitions for membership were received by Dr. Harmon Jr., and Dr. B. F. Fuhrman of Flemington. Dr. Smith in his able capacity as representative of the Bureau of Venereal Diseases, explained the work of his department, giving statistics showing the inroads upon public health by venereal diseases, especially calling attention to the greater harm done by use of quack remedies. Dr. Sommers presented some very interesting facts derived from his experience as hospital surgeon in the treatment of tetanus, emphasizing chiefly the necessity for prophylactic treatment in all punctured wounds. While it was the opinion of the speaker that most cases of tetanus come from the country section, it was the experience of many of the older practitioners from various sections of the county that they had never seen a case of tetanus in their practice. Dr. Sproul, the secretary, requested that a welfare committee to co-operate with a similar committee of the State Society be appointed, resulting in the appointment of the following committee: Dr. English, Dr. Fulper, Dr. Topkins, Dr. Low, Dr. Henry. Dr. Sproul also called the attention of the society to the fact that Hunterdon County Medical Society will have been in existence 100 years during the coming June. The Dr. has in his possession a roster of the original members of this society, three of whose grandsons are now members of the same society. Drs. Salmon, Romine and Clausen were appointed as a committee to arrange for a proper anniversary celebration. The following officers were for the coming year elected: President, Dr. A. Arling Heil, Milford; first vice-president, Dr. E. W. Lane, Bloomsbury; second vice-president, Dr. Francis Apgar, Oldwick; treasurer, Dr. E. W. Closson, Lambertville; secretary, Dr. O. H. Sproul, Flemington.

MIDDLESEX COUNTY.

Herbert W. Nafey, M. D., Reporter.

The annual meeting of the Middlesex County Medical Society was held at Perth Amboy General Hospital, Thursday afternoon, December 16, at 4 P. M., at which the officers for the ensuing year were elected as follows:

President, Dr. George W. Fithian, of Perth Amboy; vice-president, Dr. B. M. Howley, of New Brunswick; secretary, Dr. Matthew F. Urbanski, of Perth Amboy; treasurer, Dr. David C. English, of New Brunswick.

This meeting proved to be one of the most interesting and well-attended meetings of this society during the past year. It is our opinion that could all our meetings be as largely attended, mutual benefit could be obtained by the members in the discussions arising, and at the same time encouragement would be given to officers of the society in bending their efforts toward securing programs of broader and more comprehensive scope.

The paper of the afternoon was read by Dr. Laurence Runyon of New Brunswick, the retiring president, in which he presented the report of a case of Pneumonia occurring twice in one year in the same patient followed by unusual complications including acute-nephritis with uremic convulsions, pleurisy with effusion, pyothorax, pericarditis with effusion, and adhesions displacing the apex beat to the right side of the sternum. The paper was widely discussed by several of the members present, following which a beautiful collation was served by the management of the Perth Amboy General Hospital, for which an unanimous vote of thanks was extended by this society to the matron. (See Dr. Runyon's paper inserted elsewhere in this issue of the Journal.—Editor.)

MONMOUTH COUNTY.

William G. Herrman, M. D., Reporter.

The annual meeting of the Monmouth County Medical Society was held in the Hotel Belmont, Freehold, December 14th. Three new members were elected, Drs. W. H. Slocum, Long Branch; G. A. Davies, Asbury Park, and Robert Leighton, Spring Lake. With the addition of these men the total membership was increased to 64, showing an increase of twenty for the year.

Drs. Field, Hepburn and Warner presented interesting cases which brought forth a general discussion. Officers for the ensuing year were then elected:

President, Dr. W. W. Beveridge, Asbury Park; vice-president, Dr. G. V. V. Warner, Red Bank; treasurer, Dr. W. A. Robinson, Ocean Grove; secretary, Dr. H. W. Ingling, Freehold; censor, Dr. H. B. Slocum, Long Branch; reporter, Dr. W. G. Herrman, Asbury Park. Delegates to the State Society, Drs. H. S. Brown, Freehold; W. K. Campbell, Long Branch.

The treasurer's report then presented showed that the society was in an excellent financial condition. After the completion of routine business the members adjourned for luncheon.

In the afternoon, in the Municipal Building, the State Bureau of Venereal Disease Control gave a three-reel motion picture exhibition entitled "Gonorrhoea in the Male," and Dr. W. G. Schauffler of Princeton gave a short lecture on the same subject; the pictures and the lecture dealt with the diagnosis, treatment and prevention of the disease. Not only were the latest methods of treatment discussed, but the broad scope of the State Bureau's work in the establishment of clinics and the co-ordination of the work of the physicians of the State was outlined and its efforts toward education and law enforcement as means of prevention were emphasized.

OCEAN COUNTY.

George W. Lawrence, M. D., Reporter.

The annual meeting was held at the home of Dr. E. C. Herbener, Lakewood, New Jersey, at 4 P. M., October 27th, 1920. Dr. Herbener in the chair. Application of membership of Dr. E. C. Disbrow of Toms River was read and accepted and Dr. Disbrow's name added to the roll. The treasurer's report showed three delinquents and thirteen members paid up, with a balance of \$18.50 cash on hand.

Request from Dr. W. G. Schauffler to be transferred to Mercer County as his residence is now permanently at Princeton, was granted.

Officers for the coming year: President, Dr. E. C. Carrigan, Point Pleasant; vice-president, Dr. Jones, Toms River; treasurer, Dr. Hance, Lakewood; secretary, Dr. H. B. Disbrow, Lakewood; annual delegate, Dr. Herbener, Lakewood; reporter, Dr. Geo. W. Lawrence, Lakewood.

After a discussion on the subject and a review of the action taken at Newark meeting, it was voted to form a Professional Guild in Ocean County and Drs. Lawrence, Carrigan and Lewis were appointed a committee of physicians, dentists and druggists.

A discussion of interesting cases followed and the meeting adjourned at 5 P. M.

Since the above, a meeting was held at the Laurel House, which was attended by Mr. Gunn and several physicians, dentists and druggists and a Guild was organized. Another meeting will be held in the near future at which we expect our members of the Legislature and we expect they will be impressed with the fact that in the future bills concerning our special field will be subject to our consideration.

PASSAIC COUNTY.

Leon E. De Yoe, M. D., Secretary.

The December meeting of the Passaic County Medical Society was held at Odd Fellows' Hall, December 9, at 8.45 P. M. President Yates in the chair.

The scientific program consisted of the presentation of cases by Drs. T. A. Dingman, Wm. Spickers and Peter Bronchato. Three of Dr. Dingman's cases were Fractures of the Humerus and the fourth was a case of Ankylosis of the Jaw. Dr. Dingman also demonstrated the splint which he uses in fractures of the upper third of the humerus.

Dr. Spickers' case was one of basal cell epitheloma of the buccal cavity. The case was considered inoperable and showed very marked improvement after treatment with radium.

Dr. Bronchato showed a case of acute sphenoid and ethmoid sinusitis followed by operation and cure. Also a case of mastoiditis which had been cured by the radical operation.

The work of the welfare committee was discussed by Drs. McBride and Harris.

A motion was adopted to carry out President Yates' plan to secure lecturers from the New York Medical Colleges to speak at our February, March and April meetings.

SOMERSET COUNTY.

Anderson Lawton, M. D., Reporter.

The regular meeting of the Somerset County Medical Society was held at the County Court House on December 9th with the installation of the newly elected officers. The secretary announced the election to the society of Dr. C. Furnace of Bound Brook, Dr. J. F. Robinson of Bound Brook and Dr. W. B. Fort of North Plainfield.

One clinical case was reported, that of an unusual foreign body (a horse shoe nail two and one-half inches long) which had passed through the gastro-intestinal track without becoming impinged or doing damage to the

canal. Frequent x-ray pictures were taken to observe the passage of the nail which showed it in the stomach, at the ileo-cecal junction, in the ascending colon and later in the sigmoid flexure. The nail was recovered in the stool forty-three hours after having been swallowed.

Through the efforts of the president, Dr. Renner, Dr. Fitz-Randolph and Mr. Bowen of the New Jersey State Board of Health Laboratory were present, both of whom gave most interesting talks on the work done in the hygienic laboratory, together with the needs of the institution. Dr. Fitz-Randolph said, in part, "the first hygienic laboratory in the United States was established by Dr. Henry Mitchell in 1884 at Princeton, New Jersey. In 1890 it was moved to the state house in Trenton. The purpose of this laboratory has been to control communicable diseases by laboratory methods through routine examinations of specimens received from local physicians in various parts of the State. Dr. Fitz-Randolph said, that there were six hundred repository stations in the State from which may be procured the necessary mailing cartons. Oftentimes physicians complain of the delay in receiving reports of these specimens. This in most instances is due to mail delays and largely by the fact that postmasters pouch these specimen packages with parcel post instead of letter mail. Again in the instances of "Wassermann Test" the long delay is due to the fact, that the physicians do not mail the specimen in time to reach the laboratory by Wednesday of any week. Owing to the insufficient force and cramped quarters at the present time these tests can only be done on Wednesdays and Thursdays. The small laboratory force makes it possible for only three hundred of these tests to be done a week and that maximum now has been reached. In addition delays in reports are due to the distance from which they are sent.

Dr. Fitz-Randolph also spoke of the great demand for autogenous vaccines. These, he said, the State Board of Health Laboratories were most desirous of supplying, but again, the present quarters made it prohibitory because of the danger of contamination. In addition to the above the materials for the "Shick Test" were coming into constant demand. The extreme necessity of this was emphasized by Dr. Fitz-Randolph. Suggestions were made that sectional districts of the State could be arranged for with a local laboratory, under the direction of a paid State health department, which would facilitate the hastening of reports in important instances. These laboratories might be, in part, supported by the State. In conclusion he made an urgent plea to the members of the society and local physicians throughout the State to use their every effort in assisting the State laboratory of hygiene to receive from the legislature the added necessary appropriation which would enhance and permit the enlargement of the vitally necessary work of this laboratory of hygiene.

Immediately following Dr. Fitz-Randolph's talk, Dr. Frank L. Fields of Bedminster and Dr. C. R. P. Fisher of Bound Brook proposed that the Somerset County Medical Society should be first to go on record to further the great necessity for the laboratories needs, and

a resolution by the above gentleman was prepared as follows:

Realizing the immense value of the work done by the State Board of Health Laboratory of Hygiene to the citizens throughout the State, Resolved, That the members of the Somerset Medical Society, in session assembled, request the State legislators from this county take action to relieve the congestion of the State hygiene laboratory, and facilitate work which is there being done for the control of communicable diseases throughout the State. And that a copy of this resolution be sent to the various county societies in the State of New Jersey.

Mr. Bowen of the State Health Department followed Dr. Fitz-Randolph and described the activities of the State Board of Health, particularly in regards to the hygienic and sanitary control. From 1887 to 1895 local municipalities used their own regulations regarding water supplies, dairy control, mosquitoes, flies, etc. In 1895 the State law required reports on twenty-seven communicable diseases. These do not include the venereal diseases which were made reportable by the act passed in 1917. In order to facilitate and make more accurate the work of the State Board of Health, Mr. Bowen urged upon the local Board of Health officers and physicians the extreme necessity of reporting quickly and accurately communicable diseases. The moral claim of the citizens of the State for protection is imperative. Mr. Bowen spoke of the fact that two hundred and seventy-eight dairies in the State were under observation of the department. He emphasized the great necessity for the use of the "Shick Test," which determines the susceptibility of individuals to diphtheritic invasion. He estimated that there was thirty thousand carriers of diphtheria in the State, being one per cent. of the population during the winter months. In conclusion Mr. Bowen said that the State needs more trained men to conduct the work. At present their number is very few and not nearly sufficient, and further suggested the subdivision of the State into districts, in which there would be a sub-laboratory under the control of a competent State Board of Health instructor.

Dr. D. F. Weeks of the Epileptic Village at Skillman next spoke of the interesting work done at that institution which controlled by "Shick Test" the former frequent endemic outbreaks of diphtheria. He said, that every case entering the institution is tested by the "Shick Test" method and when found negative to this reaction underwent, a prophylactic treatment with toxin-anti-toxin. This he has proven to be in all cases protective. He further stated that the institution has been the first in the State to prevent outbreaks of diphtheria by this method, also the first institution to use the routine examination by means of the "Widal Test" plus examination of stools and urine of all patients entering the institution so as to determine the presence of typhoid carriers. By this routine work Dr. Weeks said, that they have been able to stamp out cases of diphtheria and typhoid.

Dr. ——— Costello of Trenton, a visitor at the society, further emphasized the extremely important work being done by the State Board of Health and pointed out the necessary co-operation of local physicians to make the

work of the State officials most efficient. He said that he would urgently recommend in his society the effort of each man to assist in gaining for the State Health Department the increased necessary appropriation of which Dr. Fitz-Randolph had spoken.

Altogether this meeting of the medical society was extremely interesting and instructive and we feel sorry for those members who could not find it possible to be present and urge upon all to come to the following meetings. The present questions of legislation are big and important and its going to require every man's shoulder behind the line. It is not good policy to underestimate your adversary—so let's have good "teamwork" with the other county societies.

Local Medical Societies.

Associated Physicians of Montclair and Vicinity.

Walter B. Mount, M. D., Reporter.

A meeting of the Associated Physicians of Montclair and Vicinity was held on Monday evening, December 27th, 1920, in the Montclair Club. The speaker of the evening was Dr. John A. Kolmer of Philadelphia, Professor of Bacteriology and Director of the Laboratories, University of Pennsylvania Medical School. His talk on "Studies in the Toxicity of Arsphe-namine and Neo-arsphenamine with Special Reference to Clinical Reactions" was illustrated with lantern slides, and was scientific, interesting and practical. The discussion was opened by Dr. Sprague Carleton of New York, Professor of Genito-Urinary Surgery, New York Homeopathic Medical College, and was continued by Dr. Otto Lowy of Newark, Dr. Victor B. Seidler of Montclair and Dr. George W. Davies of Verona. Before the meeting the Executive Committee entertained the speakers at dinner at the club.

The next meeting will be held on January 24th, 1921, when a paper on "Endocrinology" will be read by Dr. David M. Kaplan of New York, Director of the Departments of Neurology and Serology of the Brooklyn Diagnostic Institute.

Summit Medical Society.

William J. Lamson, M. D., Secretary.

The regular meeting of the Summit Medical Society was held at Overlook Hospital in conjunction with the hospital staff meeting on Thursday, Dec. 30, 1920, at 8.30 P. M. Present: Drs. Bowles, Falvello, Keeney, Krauss, Lamson, Meigh, Moister, Pollard, Prout, Reiter, Tator, Tideback, Clark and Wolfe, and Dr. Beverlan of Summit as guest.

The new by-laws proposed at the last meeting were unanimously adopted.

Dr. Thomas P. Prout was elected president, and Dr. Robert W. Moister, vice-president, both pro tempore, until the regular election at the annual meeting in September.

Dr. Alexander of Summit and Dr. B. M. James of Bernardsville were proposed for membership.

The program for the evening consisted of a discussion of the medical and surgical work

of the hospital. Dr. Krauss reported that during the past twelve months 1,481 patients had been admitted, and that 155 babies were born at the hospital during that period. In the last three months 218 operations were performed. The medical work in the wards has been very light.

Interesting cases occurring in the regular hospital service were reported by Drs. Krauss, Bowles, Reiter and Moister, and a free discussion of their clinical aspects and treatment followed.

It is proposed to hold such clinical evenings, in conjunction with the hospital staff meetings, every three months.

Interstate Anaesthetists Association and the National Anaesthesia Research Society.

The joint meeting of the Interstate Anaesthetists Association and the National Anaesthesia Research Society was held at Pittsburgh, October 4-8. For the Interstate group it was the Sixth Annual meeting. For the National Research Society it was the First Annual meeting. The history of the Society as laid before its members is contained in two reports, that of Mr. Stephen Morris of Philadelphia, president; and that of the executive secretary.

With few exceptions, the numerous papers on the program were presented as expected. The Committee on Awards announced the following awards, having previously secured the consent of the Board of Governors to divide the first prize equally and to make four succeeding prizes equal in extent and honor to take care of the wide range of merit shown in the original papers. The prizes are:

First Prize: Dr. Stanley P. Reimann, Philadelphia, on "Acidosis, Ketosis and Alkylolysis in Relation to Operation and Anaesthesia."

First Prize: Dr. E. I. McKesson, Toledo, O., on "Primary and Secondary Nitrous Oxid Saturation for Relaxation and as a Test of the Patient's Capacity for Operation."

Second Prizes: Dr. E. A. Guedel, Indianapolis, on "Third Stage Ether Anaesthesia: A Sub-Classification." Dr. James T. Gwathmey, New York City, on "The Anaesthesia Problem in Lung Surgery." Dr. Ellsworth Huntington, New Haven, Conn., on "Air Control and the Reduction of the Postoperative Death Rate." Dr. J. B. Rogers, Cincinnati, on "Further Studies in the Effects of Anaesthetics on Animals Infected with Tuberculosis through the Respiratory Tract."

The National Anaesthesia Research Society organized for the ensuing year by electing the following Board of Governors: For the two year term, Dr. W. I. Jones, Columbus, professional, and Dr. E. I. McKesson, Toledo, Mr. J. G. Sholes, Cleveland, and Mr. B. J. Clark, Minneapolis, as business members. For the one year term, Mr. Stephen Morris, Philadelphia, and Mr. H. A. McChesney, Cleveland. Dr. McMechan having been elected for two years, his term does not expire until 1921.

The report of the December meeting of the Hudson County Medical Society was received too late for insertion in this month's Journal; it will appear next month.

THE JOURNAL

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

NOTE.—The transaction of business will be expedited, and prompt attention secured if,—

All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to THE EDITOR.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review advertisements, or any matter pertaining to the business management of the JOURNAL are sent direct to THE CHAIRMAN OF THE PUBLICATION COMMITTEE.

The Editor again sends greetings to all the readers of the Journal, wishing each a

Very Happy New Year

Let us all realize that the greatest happiness comes from the consciousness of the fact—when it is a fact—that we have faithfully endeavored to do our duty in serving our fellowmen in the various relations of life; and especially when as physicians, in our dealings with our patients and with the public, we have made duty our delight, in the spirit of unselfish Christian courtesy, fidelity and courage.

TO DELINQUENT MEMBERS.

This may be the last number of our Journal that some of you will ever receive. WHY? Because your dues for the year 1921 have not been paid.

Unless these dues are paid your name will not appear in the printed list of all members of the State Society in good standing, which list is to be printed and issued with the February Journal; your name will be dropped from the mailing list of our Journal and you will also be ineligible to medical defense by the Society for any act of alleged malpractice, which may occur during the period of your delinquency. This is an exorbitant

price to pay for what is probably mere negligence on your part.

In this connection it is well to remind all county society treasurers that the dues of delinquent members (members not paying their dues until after January 1st) are not to be retained until some convenient time but must be sent **immediately** to Dr. Mercer, Treasurer of the State Society, the new members are deprived of the full privileges of membership.—(W. J. C.)

The Editor emphasizes Dr. Chandler's earnest words.

The treasurers of County Medical Societies are serving without pay and it is not **right** to require them to take extra time, and incur expense, to send two or three notices of Dues to delinquent or forgetful members. A check should be sent immediately on receipt of bill.

Some do not seem to realize what it means to have their names left out of the Official List of Members, Officers and Committees, which list is not only sent to members, but also to the American Medical Association, all the State Societies and to other organizations. The List for 1921 goes to the printer early this month.

We have had so many original papers besides those read at the Society's annual meeting, and some requiring early insertion, that we are compelled this month to omit some editorials and other items intended for this month's Journal. Our Original Articles section and Society Reports take an unusual amount of space. We call special attention to the addresses of Drs. Eagleton and Philhower and to the report of the State Society's Welfare Committee, which should have early insertion because of their bearing on our Legislative and Welfare work, which demands our careful thought and prompt and decided action.

HOW WE OBTAIN NEWS ITEMS?

Those of you who take sufficient interest in the Journal to read its pages, no doubt scan the news item column to learn what has occurred in your county among medical men or women, and are often disappointed in not finding a mention of the names you expected to find. This omission you of course charged up to the laxness of the Editor in not having noted the events associated with affairs in your

county. But have you thought how the said Editor obtains such news items? If you do not know, let us remind you that not being possessed of supernatural powers he must clip from papers or other journals, or have them sent us by county society reporters, secretaries or friends interested in this Journal, or we **do not** get such news items. It is up to you, then, to be an aid as a news gatherer if you expect to receive a notice of yourself or your fellow practitioners in your county of such data as you wish us to print.—Penn. State. Med. Jour.

THE MEDICAL JOURNAL AND THE STATE SOCIETY.

A medical journal serves the purpose to the medical profession that a secular newspaper serves to the general public. The specialized medical journal serves the medical specialist in the same way that the technical scientific journal serves the technician in his handcraft. How best to serve the mixture in a medical society journal is a more difficult task than to meet the demands of the medical specialist journal.

It is taken for granted that the purpose of a State Medical Society Journal is to help to establish, build up and maintain the identity and individuality of the profession in a restricted area—the State. It is in this medical journal way that the State is known professionally, outside of its bailiwick.

The name, **State Medical Society**, can be assumed, but its individuality can be maintained and grow on merit only.

The worthiness of a medical society and of its exponent, the medical journal, is measured by the vigor of its own vitality (the vis a tergo), pushing ahead and making its influence felt at home and abroad and in upbuilding self, that it may benefit the whole.

The strength and usefulness of a medical democracy (society) depends upon the intelligence and effort put forth by each individual unit in the society to make a working whole. Hence each member of the society must contribute his mite to fill up the family record complete. The Editor and a small minority of the members of the family cannot conserve the interest of the whole medical family in its entirety.

To get the best results, and the society and journal to get what is due them, there must be no slackers. The crucial test for

a slacker and some of the positive diagnostic symptoms of a slacker are, lack of interest in his medical society; careless and indifferent towards his society journal; picks it up when he can get nothing else to read, scans it and throws it in the waste basket; attends medical society intermittently, never prepares and reads a paper or takes part in the discussion nor sends an item to his medical journal.

If his medical society is not interesting or his medical journal is not readable it is his duty to help make them worth while. The physician who does not take a vital interest in the living medical issues of today soon becomes hap-hazard in his practice, more or less of a floater, a guesser, a dependent on authority, seemingly forgetful that he has the same machine to work with and on—the human body—as the other fellow. Kansas Med. Journal.

THE DOCTOR'S IDEALS.

The following is taken from the presidential address of Dr. Paulus A. Irving of the Virginia State Medical Society:

Ideals.—The doctor who has a true conception of his calling should have ideals.

The ideals of a Doctor of Medicine should be high, lofty, sublime. He should be filled with ambition to excel, certainly to be the equal of any of his associates and colleagues. He should be a well-rounded character. He should possess attributes of a high order. He should be moderate in all of his appetites. He, above all other men, should be honest and straightforward in all of his dealings with his patients, his brother practitioner and his fellowman. He should be a man of broad, liberal education and culture. He should be a leader in the community for good works, and better still, he should be a follower and believer in the meek and lowly "Nazarene." He should have a heart as well as a head. Many factors, my friends, enter into the make-up of a well-rounded physician. He should not pursue his calling mechanically, but he should enter upon his work with zeal, with energy, with assiduity, with spirit, with interest, not simply for what he expects to get out of it, but with an eye single to the welfare of the lives committed to his care. It is true the laborer is worthy of his hire, so he should conduct the business part of his profession on business principles.

Remember, though, that your chief mission is to soothe the fevered brow, to quiet the restless raving of the tired and weary brain, to restore confidence to the depressed and failing spirits, to gladden the heart of the young mother by placing in her arms and to her breast her first-born, thus causing her to forget the toil, the anguish and the pain through which she has just passed, and causing a new love and sympathy to well within her heart and to enter her soul, that has never filled it before. The love of a mother for her child is stronger and far surpasses that of any human love, feeling or attachment, and any man who proves false and recreant to this love and dishonors the name of the sweet woman who nurtured him at her breast, should be trampled under the foot of man and driven from the face of the earth. Mother! It is the sweetest name that can pass the lips of men.

It has been said that every mother gets well paid for all the prayers she offers and the tears she sheds in behalf of her children. I do not know that this is true—would that it were. Show me a man, though, who has attained success in any of the professions, in commercial life or in any walk of life, as a rule his success is due to the sweet influence of a Christian home and every step in life he takes is an echo of joy that dear old mother's heart, who taught him at her knee his infant prayer.

I do not know that you could do better than to adopt as the guide of your life the Golden Rule, "Do unto others as you would that they should do unto you." These few words embody, in my judgment, all the rules and regulations necessary for the guidance of your professional life, and if you will follow them, you will never go wrong. To you, my friends, let me urge that your ideals be high. Endeavor to help your fellowman and to do some good each day as you pass along life's pathway.

"I shall pass through this world but once; any good that I can do or any kindness that I can show to any human being, let me do it now. Let me not defer nor neglect it for I shall not pass this way again."

Strive to elevate your professional brother with whom you associate and come in contact by an unselfish example for the truth and the right always. By so doing you will put your profession on

a higher and nobler plane and thus realize its responsibilities and opportunities yourself. To paraphrase one of Dr. Van Dyke's most striking epigrams, "The True Measure of Life":

"We live in deeds, not years, in thoughts
not in breath;
In feelings, not in figures on the dial.
We should count time by heart throbs
when they beat,
For God, for man, for duty."

"He most lives
Who thinks most, feels noblest, acts the
best.
Life is but a means unto an end, that end,
Beginning, mean, and end to all things,
God."

Let us make the world better by our example and life. Let us strive to uphold the honor, the dignity and the traditions of our noble profession and follow in the footsteps of the splendid type of men and physicians who have preceded us, who have passed over the river; who have been gathered to their fathers and who are now resting under the trees in a glorified faith.

When our work is done may each of us enter upon a higher, nobler life, prepared for those who walk uprightly and fear God.

LIST OF OFFICERS.

Attention is called to the revised list of Presidents, Secretaries and Reporters of county societies, which appears among our advertising pages, generally at the bottom of page XXVI. Owing to the fact that a few of our county societies hold their annual meetings in January, their official list cannot be corrected until the next issue.—(W. J. C.)

OUR CONGRATULATIONS.

We congratulate the Hudson County Medical Society on the issue of a splendid four-page monthly Bulletin, edited by Dr. L. E. Poole, with Dr. W. J. Sweeney as business manager. It is a movement which other societies ought to adopt. It gives information of the profession's activities in the county with reports from the various hospitals. It means much for the society's growth and prosperity.

WELFARE COMMITTEE, MEDICAL SOCIETY OF NEW JERSEY.

The following are the minutes of the meeting held in Trenton, December 14, 1920:

Meeting called to order by Dr. Wells P. Eagleton, chairman. County medical societies represented by delegates—Cumberland, Essex, Hudson, Hunterdon, Mercer, Middlesex, Morris, Ocean, Passaic, Salem, Union, Warren—total, 12. County medical societies not represented—Atlantic, Bergen, Burlington, Camden, Cape May, Gloucester, Monmouth, Somerset, Sussex—total, 9.

Delegates present—Cumberland, Dr. Kauffman; Essex, Dr. Eagleton, Dr. Pinneo; Hudson, Dr. Quigley, Dr. Sweeney; Hunterdon, Dr. English; Mercer, Dr. Costill; Middlesex, Dr. Howley, Dr. English; Morris, Dr. Mills, Dr. Costello; Ocean, Dr. Lawrence; Passaic, Dr. Harris, Dr. McBride; Salem, Dr. Davis; Union, Dr. Quinn; Warren, Dr. Barber. Visitors present—Dr. Fooder, Assemblyman, Gloucester County; Dr. Reid, Assemblyman, Mercer County; Dr. Barber, Senator, Warren County; Dr. Mooney and Dr. McAllister, State Board of Medical Examiners; Dr. Hunt, State Board of Health.

Dr. Eagleton in his opening address outlined the plan of campaign of the Welfare Committee and the objects sought. He said that the State Medical Society had been compelled to enter on a campaign for education, but that the society had not entered politics. He said the physicians had been compelled to enter the political arena in the cause of public health, and to uphold the educational standards that have been attained by the efforts of so many of our predecessors. "We are not looking for jobs," continued Dr. Eagleton, "but are demanding recognition—recognition that we physicians, by our training, are the ones best qualified to be consulted and to shape the policies that pertain to health matters and to say what should be the educational standards to practice the healing art." Dr. Eagleton also outlined the plan for the organization of Professional Guilds in the various counties, membership to be composed of physicians, dentists and nurses. Many of the Guilds have been organized and the organization of others is under way. So far every county medical society with the exception of one, has reported to the Welfare Committee that the subject of a Guild has been up for consideration in some form. Dr. Eagleton urged the formation of a guild in every county. The roll of counties was called and reports made as to the organization of professional Guilds and the results of interviews with legislators.

Dr. Eagleton presented a draft of a proposed bill in the form of an amendment to the Medical Act, and which would regulate chiropractors. The chief points of the bill were setting forth of educational requirements, giving to the State Department of Education jurisdiction over preliminary educational qualification and placing the Chiropractors under the jurisdiction of the State Board of Medical Examiners. There was a general discussion of the bill, particularly the definition of Chiropractic, this definition having been taken from the Chiropractic law. On motion by Dr. English, Middlesex, seconded by Dr. McBride, the question of a definition of Chiropractic in the proposed bill be referred to the Welfare Committee for further consultation with counsel.

Dr. Reid, Assemblyman-elect from Mercer County, urged that an effort be made to repeal the Chiropractic law outright. He said that as the result of conversations which he

had with several legislators he felt that the law could be repealed. Dr. Mooney, chairman of the State Board of Medical Examiners, told of conditions which may arise from the passage of the proposed bill. He said it would be extending recognition to Chiropractors by taking in those who were licensed by the present Chiropractic Board, without standard qualifications, and then make a trust of them by virtually shutting the doors to others, through high qualifications. Dr. Hunt of the State Board of Health asked for a conference with the committee before the final draft of the bill is made, that proper provisions be provided in the bill for the reporting of contagious diseases by Chiropractors.

The word "registered" was taken from the bill. The several suggestions for corrections, along with the bill, were referred to the Welfare Committee for further action.

Dr. Quigley asked if the opinion of counsel had been obtained with regard to what persons were legally entitled to use the title "Dr." It was reported that such an opinion had not yet been obtained. Dr. Quigley said that the Hudson County Medical Society had under consideration an amendment to the Workman's Compensation law which among other matters would increase the physicians' fees under the act, and he asked if the co-operation of the Welfare Committee could be secured in support of such a bill. Dr. Eagleton said the committee would be glad to lend its co-operation to such legislation. He also said the committee would be pleased to have any county society refer to it any matters of legislation in which the members were particularly interested.

Announcement was also made that meetings of the Welfare Committee would be held every Monday night at Trenton during the session of the Legislature.

Joseph H. Gunn, Executive Secretary.

Miscellaneous Items.

Dr. Carrel Discovers New Idea in Medical Science.

Dr. Alexis Carrel of the Rockefeller Foundation, well-known research worker, will shortly announce a hitherto undiscovered branch of medical science, according to Mme. Carrel, who returned recently on board the French liner Rochambeau to aid her husband in completing a report of his discovery.

After discussing in detail her efforts to restock her farm, the restrictions against the sale of cattle in France and the difficulties of securing farm help in France, Mme. Carrel said that when this new branch of medical science is perfected much pain and physical misery now needlessly borne by many people could be greatly alleviated. She refused to say anything else about it.—N. Y. Tribune.

The Numerical Strength of the Medical Profession.—Doctors of medicine represent the largest single group of professional men in the country. There are about 150,000 graduate physicians in the United States, of whom 140,000 are believed to be in active practice. The following indicate the number located in the more thickly populated states:

California, 5,929; Illinois, 11,095; Michigan 4,598; Missouri, 6,093; New Jersey, 3,153; New York, 15,877; Massachusetts, 5,926; Ohio, 8,089; Pennsylvania, 11,495; Texas, 6,246.

As moulders of public opinion, the medical profession can exert an influence that is not approached by any other profession or trade because they are closer to the hearts of the people than any other body of men or women.

Professional Guild in Hudson County.

The organization was effected at a meeting held in the Jersey City Elks' Club, December 29th, at which representatives of the Hudson County Medical Society, Hudson County Dental Association, Hudson County Pharmaceutical Society and the Nurses' Club. Dr. Frederick J. Quigley of Union Hill, president of the Hudson County Medical Society, was chosen president; Dr. Thomas C. Armstrong of the Hudson County Dental Association, vice-president; Miss Ida M. Shute, of the Hudson County Tuberculosis Hospital, secretary, and Harry Bischoff, of the Hudson County Pharmaceutical Society, treasurer.

Professional Guild in Warren County.

Physicians, druggists and nurses of Warren County recently organized a Guild, with the following officers: President, Dr. Thomas Barber, Phillipsburg; vice-president John H. Adams, Phillipsburg; secretary, H. W. Souders, Phillipsburg; treasurer Miss Jessie Chalmers, Phillipsburg. A welfare committee was also formed as follows: Dr. C. B. Smith, Washington; Dr. G. W. Cummins, Belvidere; Dr. F. W. Curtis, Stewartville.

Defeat of Antivaccination and Antivivisection Measures on the Pacific Coast.

Two initiative measures—the antivaccination constitutional amendment and the proposed antivivisection act—both menacing the public health, were defeated by the people of California at the election last November. The antivaccination amendment declared that "No form of vaccination, inoculation, or other medication shall hereafter be made a condition for admission to or attendance in any public school, college, university, or other educational institution in this State, or for the employment of any person in any public office. The provisions of this section shall not be controlled or limited by any other provision of this constitution." This measure was actively opposed by the universities, medical schools, the State tuberculosis society, State and city boards of health, and many other influential organizations, as well as by the practicing physicians throughout the State.

The votes on these measures were as follows:

	Yes.	No.
Antivaccination.....	359,987	468,911
Antivivisection	272,288	527,130

A proposed constitutional amendment abolishing compulsory vaccination, similar to the California measure, was defeated in Oregon by a vote of 2 to 1, the final count being 63,028 for and 127,200 against.

It is stated that from 50 to 80 per cent. of American girls suffer from dysmenorrhœa.

Hospitals; Sanatorium.

The Millville Hospital gives the following report for November: 28 patients were treated. 13 operations were performed, there were 4 accident and one x-ray case; 3 births; 19 were discharged; 2 died; 7 remained in the hospital December 1st.

Monmouth County Tuberculosis Hospital.

With appropriate exercises the new \$100,000 Monmouth County Tuberculosis Hospital was dedicated at Allenwood, Dec. 19, 1920. The exercises were held in open air, after the 200 visitors had inspected the buildings. The hospital will accommodate forty patients. County patients now cared for in other institutions will be taken there soon. There are over 100 acres of land in the tract surrounding the institution. Maintenance of the hospital is expected to cost \$40,000 a year.

Christmas at Morris Plains Hospital.

Upward of 1,500 containers arrived at the State Hospital at Morris Plains for Christmas, and most of them carried several individual gifts. The cash contributions approximated \$1,000, which was expended for comforts and other articles for patients.

Salem Memorial Hospital.

The following is the report of the Salem County Memorial Hospital for November:

Patients admitted, 40; operations, 22; accident cases, 18; deaths, 3; births, 5; patients discharged, 42; remaining in hospital November 30th, 15.

Bonnie Burn Sanatorium.

Dr. John E. Runnells, superintendent, reports for November as follows:

On Nov. 1st there were 203 patients in the Sanatorium, 109 males and 94 females. This number includes 29 males and 31 females in the Preventorium. During the month 27 patients were admitted, 16 males and 11 females. Four of these admissions went to the Preventorium. Among these admissions there were four re-admissions. The admission are classified as follows: Pretubercular, 4; incipient, 0; moderately advanced, 7; far advanced, 16. The largest number of patients present at any time during the month was 214; smallest number, 203; present Nov. 29th, 1920, 214.

Marriage.

STROUD-BRIGGS.—In Brooklyn, N. Y., December 29, 1920, Dr. Frank G. Stroud of Moorestown, N. Y., to Mrs. Emma F. Briggs of Brooklyn.

Deaths.

FABER.—In Jersey City, N. J., November 18, 1920, Dr. John Faber, age 73 years.

Dr. Faber graduated from the University of Erlangen, Germany, in 1873; he practiced as a specialist in tuberculosis in Jersey City many years. He was a member of the Hudson County and the State Medical Societies and a Fellow of the American Medical Association.

DOUGLAS.—In a Philadelphia Hospital, December 6, 1920, Dr. John Smith Douglas, of Cape May Court House.

Dr. Douglas graduated from the Medico-Chirurgical College, Philadelphia, in 1896.

He practiced several years in Tuckahoe, removed to Cape May Court House in 1908; was president of the county society two years, 1901 and 1902; served as secretary, censor and member of Public Health, Legislation and Welfare Committees. He was one of the most beloved and public spirited men and filled many offices of trust and honor, among them: county coroner, county physician, medical school inspector, member board of education and vocational schools, member of the county draft board; member of Masonic organization. He enlisted in the U. S. Army Medical Corps in 1918, was first lieutenant, soon promoted to captaincy and given active service. He was also commander of the Thurston Elmer Wood Post No. 198, American Legion. He died in a hospital in Philadelphia after an operation for appendicitis. He was a member of the Cape May Medical Society and of the Medical Society of New Jersey.

Personal Notes.

Dr. George C. Albee, South Orange, and wife gave a dinner Dec. 27 at the Essex County Country Club for Miss Grace Read.

Dr. Edward B. Bradford, Port Norris, underwent treatment in the Bridgeton Hospital last month for a very painful carbuncle.

Dr. Gordon K. Dickinson, Jersey City, attended the meeting of the Southern Surgical Association last month.

Dr. Joseph B. Harrison, Westfield, is spending a month in Mobile, Ala., visiting relatives.

Dr. Charles A. Knox, Ridgely Park, and family visited relatives last month in Branchville.

Dr. Wells P. Eagleton, Newark, spent ten days in Washington, D. C., last month.

Drs. Walter P. Glendon, Alfred Cornwell and F. J. Lore, Bridgeton, recently returned from a gunning expedition in the South.

Dr. William James, Long Valley, spent a few days last month deer hunting in the Pennsylvania mountains near Wilkes-Barre.

Dr. Elton W. Corson, Bridgeton, was elected chaplain of the Shoemaker Post of the American Legion recently.

Dr. Charles W. Wilson, Vineland, was chosen a member of the Grand Jury for the December term.

Dr. William S. Colfax, Pompton Lakes, made an address at the dedication of the Einstein Memorial Auditorium of the school there recently.

Drs. Willett P. Haines, Ocean City; Eugene Way, Dennisville; H. H. Tomlin, Wildwood, and V. M. D. Marcy, Cape May, have been re-appointed U. S. Coast Guard Physicians for 1921.

Dr. Cadwell M. Keeney, Summit, has moved from De Forest avenue to 137 Summit avenue.

Dr. H. G. Wetherill, Denver, formerly of Trenton, has an article in the A. M. A. Jour., Dec. 18, on "Who's Who in the Hospital," page 1735.

Public Health Items.

Newark Health Report.—The Health Department reports for October a death rate of 10.7 per 1,000 population. Total deaths 370. Leading causes of death: Tuberculous diseases, 44; organic heart disease, 38; malignant disease, 29; Bright's disease, 45; apoplexy, 21; pneumonia, 19 cases. Reported: Gonorrhea, 78 cases; syphilis, 51; chancroid, 5. Clinics: Patients treated, 3,327; sent to hospitals, 86. Birth, 861: males, 440; females, 421. Child hygiene Division: Babies supervised since Jan. 1, 1920, numbered 6,107; supervised babies died, 15 visited by nurse, 11 died before nurse visited.

1919 Record of Deaths in United States.

Nearly one-third of all deaths in the United States in 1919 were due to three diseases. Organic disease of the heart caused 10.2 per cent. of the entire mortality, tuberculosis was responsible for 9.8 per cent. and pneumonia claimed 9.6 per cent. Other leading diseases included nephritis and Bright's disease, with 6.8 per cent. of the entire mortality; cancer, accidents and apoplexy, 6.2 per cent.; infantile congenital debility, 5.2 per cent., and diarrhoea and enteritis in children, 3.4 per cent.

Appendicitis and suicide are each entered for less than one per cent. of the deaths, typhoid and meningitis about one-half of one per cent., and measles, malaria, erysipelas and scarlet fever three-tenths of one per cent. The registration area now embraces thirty-three States, the District of Columbia and eighteen cities in non-registration States—mortality records being now kept for about 85,000,000 inhabitants, or eighty-one per cent. of the country's entire population.

Automobile Fatality Rates.—Frederick S. Crum, in the Spectator, gives a table of comparative automobile fatality rates in thirty-eight American cities. The thirty-eight cities combined showed rates of automobile fatalities, per 1,000,000 population, of 77.9 in 1915, and 142.3 in 1919, an increase of 82.7 per cent. New York City occupies the seventeenth place in the list, with a rate of 66.1 in 1915 and 137.5 in 1919, a percentage of increase of 108.0. Basing his figures on the registration area covered by the Census Office, Mr. Crum states that nearly 10,000 persons were killed by automobiles in the United States, exclusive of Alaska, during the year 1918.

Evils of Slum Life.—The physical evils of slum life arise chiefly from lack of fresh air and sunlight, and it is the children who suffer most. Witness the enormous child mortality of the slums. Even if slum-bred children grow up, it is to form but a stunted, palefaced, wizened race. If flowers cannot grow in the shadow of the slums, we can hardly expect the young human being to thrive there. Children should be reared in the country, and allowed to run wild in the fields and the woods. Adults—especially elderly adults—are much more tolerant of slum conditions; to the children it is only less than death.—Med. Press.

HAVE YOU PAID YOUR 1921 DUES?

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A STUDY OF THE ACUTE INFECTIONS OF THE EAR AS OBSERVED BY THE GENERAL PHYSICIAN.*

By **J. Clarence Keeler, M. D.,**
Philadelphia, Pa.

Mr. Chairman and Members of the New Jersey State Medical Society:

I wish to express my deep appreciation of the honor, and to thank you for the invitation to present a study of the acute infections of the ear as observed by the general physician. There ought to be at all times, a close and cordial co-operation between the otologist and the internist; and this growing tendency is being manifested by the keener interest and by the more comprehensive study of the intricate construction of the ear with its many ramifications; and by the acknowledgment of the responsibility by the profession to recognize and to alleviate suffering fraught with complications and sequale.

In the early days, knowledge of ear disease was limited to two classes, i. e.: those which could be cured by syringing and those which could not be so cured. The former was the removal of accumulated cerumen; the latter, the treatment of chronic otorrhea. I long for the time when a chronic suppurative process of the ear shall be a thing of the past. And fellow members of the profession, it is squarely up to us, to enlighten the community as to the best methods of treating ear infection before chronicity becomes established.

Treatment of the infections of the ear belongs properly to the domain of surgery;

and I know of no surgery so important nor any field where greater damage can be done, than in that of the ear. nor do I know of any, which when timely and skillfully performed, yields greater compensation. The acquirement of detailed familiarity of the construction and the functions of the organ must be attained before attempting an operation so delicate and so serious; because in order to reach the source of the infection and to drain an abscess of the brain, the surgeon must, very frequently, enter the cranial structure. There should be then, the closest affiliation between the otologist and the internist so that those suffering with abscess within the ear, may be freed of the purulent matter, in the quickest way possible. For, so long as an abscess exists, great danger besets the patient.

In presenting this study of the acute infections, I must necessarily be brief; and in my best effort to help the busy physician, I shall be quite elementary. Let us review the anatomy of the organ of hearing, commonly called the ear.

Anatomically, the ear is divided into three parts, i. e.: the external, the middle and the internal ear.

The external ear consists of the auricle, the external auditory canal, and the ear drum which serves as the dividing line between the middle and the external ear.

The middle ear, or the tympanum, is a recess in the temporal bone. This recess extends into a large cavity in the base of the petrous portion of the bone and is filled with many cells and is known as the mastoid. The tympanum is also connected with the pharynx by the Eustachian tube. Both are lined with mucous membrane essentially the same as that covering the pharynx and the nasal cavities. For this reason, it is readi-

*Read at the 154th Annual Meeting of the Medical Society of New Jersey, at Spring Lake, June 16, 1920.

ly infected by those diseases whose micro-organisms have a special affinity for the respiratory tract.

The internal ear known as the labyrinth, has two separate and distinct functions, the acoustic and the static. The former is, as you know, for the reception of sound waves; the latter, to maintain equilibration.

Physiologically, the ear is divided into the conductive apparatus and the receptive mechanism. The sound waves are received by the auricle and conducted through the external auditory canal to the tympanic membrane, thence by the chain of ossicles to the oval window in the cochlea, continuing through the perilymph, membranous cochlea and on through the endolymph to the hair cells of Corti's Organ. From this point, the waves are transmitted by the acoustic nerve (cochlear) to the receptive auditory centers of the cerebrum where the sensation of sound is evoked.

It is of primary importance to determine which structures are involved; to know whether the lesion is in the conductive apparatus, or in the receptive mechanism. If the lesion be in the former or the conductive portion, the position of the obstruction must next be located. To do this, it is most essential that the physician be equipped with a good light, either direct or reflected. By practice, he will be able to illuminate the external auditory canal quite skillfully, and to determine whether the inflammation exists in the auditory canal or within the middle ear.

If the meatus or the cartilaginous portion of the canal appears swollen, or if the patient be suffering severe pain, or has a sense of fullness within the ear, accompanied usually, by a high pitched tinnitus with impairment of hearing in the affected ear; or if he be very sensitive to palpation or to the manipulation of the auricle, it is more than probable that this is a case of acute circumscribed otitis externa; in plain speech, a boil. This infection may appear as a single focus, or it may be multiple; but invariably, it is the result of staphylococcus infection.

If the posterior wall of the canal be involved, edematous swelling may appear over the mastoid region and is often mistaken for an acute mastoiditis. But there is this differentiation: In the case of mastoiditis, swelling within the auditory

canal appears in the osseous, rather than in the cartilaginous part. The swelling of the tissues over the mastoid is due to a necrotic erosion through the mastoid cortex and to an extravasation of pus under the periosteum. The auricle is less painful to manipulation, and usually, there is history of earache with a purulent discharge from the auditory canal which may, or may not have ceased. There is usually, some elevation of temperature, and finally, a roentgengram would determine whether a necrotic disintegration of the mastoid cells is in progress.

Involvement of the anterior wall of the canal has frequently been misjudged for inflammation of the parotid gland, "mumps." Owing to the proximity of the condyloid joint, mastication is extremely painful or almost impossible, and this condition is to be regarded helpful in diagnosis.

One of the best methods of treatment of this infection consists of incision (preferably under gas anesthesia), disinfection and drainage. Gauze tampons impregnated with camphor and phenol should be introduced into canal. There should be applications of hot antiseptic fomentations, because "moist heat favors local necrosis and hastens the reparative process." Rest in bed should be secured, and the pain alleviated by the administration of a narcotic. The diet should be concentrated liquids.

A diffused otitis externa or an otomycosis is caused by a fungi, the aspergillis, and is characterized by the sickening sweet odor of a yellowish or dark-brown secretion within the auditory canal. The best results are obtained by frequent irrigation of a strong alkaline solution, and by a direct application of a 20 per cent. solution of silver of nitrate which should be applied once daily until fungi is destroyed.

Foreign bodies within the auditory canal are not properly classified as acute infections. Nevertheless, having seen many cases of traumatism result in acute purulent infections of both the external and the middle ear, I feel justified in speaking a few words pertaining thereof.

Those irritant substances are classified as the animate and the inanimate. Of the animates, an insect is likely to be the one most frequently found embedded in the tissues of the canal. In such instances, the life of the intruder must be destroyed before any attempted removal is made.

Drowning is one of the best methods, and is accomplished by having the patient lay his head on the side opposite the one involved. Then fill the auditory canal with water, or better, some mild antiseptic solution; or use a few drops of alcohol. It has been my custom to insert within the canal, a cotton pledget moistened by a few drops of chloroform. Thus the insect is quickly killed and may be washed out, without injury to the patient.

Inanimate objects influenced by heat and moisture, consequently swelling, may be readily shrunk, by dropping into the auditory canal, alcohol sufficient to shrink both the tissues and the foreign body. Irrigation with a good syringe should follow. Inanimate objects not influenced by heat and moisture, such as pebbles, beads, etc., should not be removed until the tissues are shrunk. This done, extraction may be made by irrigation or by instrumental manipulation. I wish to emphasize the importance of warming all solutions before being put in the ear, and also the giving to all children, a general anesthetic, before any attempt of removal is made.

I shall cite the case brought to the clinic, of a small child who had the head of a shirt stud in its ear. Efforts to extricate the stud had pushed it through the ear drum to the inner wall of the tympanum, and so violent had been the manipulation that the facial nerve was destroyed. A radical mastoid operation was necessary for its removal, and to effect a cure for the resulting chronic otorrhea. The child is now a grown woman, beautiful, excepting the disfiguring facial paralysis, in its most exaggerated form.

Infections of the tympanum not relieved in the early stages, lead to serious and permanent complications in the conductive apparatus, and not infrequently, in the receptive mechanism. The infection may be acute or chronic catarrhal; acute or chronic suppurative; but in all cases, the etiology is very similar. It is the engorgement of the mucosa within the tympanum and the closing of the Eustachian tube, preventing the escape of the rapidly forming exudate which soon becomes infected, if not so at the onset. This is especially true, if it be associated with any of the acute infectious or exanthematous diseases such as influenza, pneumonia, measles or scarlet fever.

Other predisposing causes are the acute and chronic diseases of the tonsils, adenoids, sinuses and decayed teeth, the refuge of numberless micro-organisms. Deformities and neoplasms producing venous stasis, which interfering with free nasal respiration, renders those so affected to be more susceptible to climatic changes. Marasmus in children, tuberculosis, syphilis, acute interstitial nephritis and diabetes are also predisposing elements of chronicity in middle ear infections.

The ear drum may be likened to the safety valve on a steam boiler, with this difference: that when the pressure within the boiler reaches a certain degree of heat, an automatic device reduces the pressure and the impending danger is averted. But in the ear, there is no such device. The Eustachian tube is sealed. There is no escape through that channel, for the accumulated infected serum or pus held within the middle ear and an explosion, the spontaneous rupture of the ear drum, occurs. The edges of the ruptured drum are irregular lacerations, with local necrosis of its perforated edges.

If nature should eventually repair the drum, there remains an area of cicatricial tissue with marked retraction and an impairment of hearing. In the meantime, owing to the contiguity of the structure, the infected serum continues to extend into the upper portion of the tympanum where it is very likely to become purulent because of the greatly increased quantity of cellular structure. Finally, the overflow passes into the mastoid whose numerous cells serve as a reservoir. Local necrosis of the bone, accompanied by severe mastoid involvement, has very probably taken place; or there may have developed, a chronic suppurative process with polypoid degeneration and all its attending peril.

In whatever portion of the body there exists an active congestion, local infection and a threatened necrosis, blood letting is of paramount importance, as you well know. So in middle ear infection, the course to pursue is clearly indicated. Therefore do not delay operation until the explosion occurs, but make a free incision in the ear drum, through that portion presenting the greatest bulging, which indicates, of course, the point of greatest pressure. In that way only can complications and disastrous consequences be forestalled.

It is a common belief that if the ear-ache has ceased and the ear discharges, all danger is over; this misinterpretation has been the direct cause of much suffering and of many grave intracranial complications. Too frequently, we meet those cases in our clinical experiences. Within the past few weeks, there have been admitted to the Jefferson Hospital, three cases which aptly serve to illustrate this fallacy. Permit me to give a brief summary:

Case 1. K. H., female, $3\frac{1}{2}$ years old; upon admittance, shows a bilateral purulent discharge from both ears, of 16 months' duration. There is drooping of the superior and the posterior walls of the canals, an acute bilateral mastoiditis and a diffused septic meningitis. The eyes react to light and accommodation. There is an inequality of the pupils, the right being the larger. Kernig's sign is positive. Laboratory report of the spinal fluid: Cells, polynuclear predominate, 3,500; culture, pneumococci and streptococci; failure to reduce Fehling's solution. Operation reveals an abscess of the right middle fossae; and a perisinus and an extradural abscess in the left side. The second day after operation, the patient died. The end was probably hastened by pulmonary edema. An autopsy was not obtainable. It is humiliating, but of interest, to note that of the five physicians called in succession in the case, not a single one had made a correct diagnosis, while one assured the parents that the child would outgrow ear-discharge and eventually recover.

Case 2. S. S., male, age 42 years, married and the father of five small children, was admitted to the hospital ward in a state of chills, fever and delirium. Examination of his right ear shows a chronic purulent discharge of long duration, and a necrotic exfoliation of the cochlea. The eyes react to light, but very poorly to accommodation. Kernig's sign is positive. Spinal puncture shows the fluid under increased pressure; very turbid. Cells 3,900; smears contain numerous cells; no reduction to Fehling's solution.

In operation, we find the entire floor of the middle fossae and the mastoid cells had been destroyed by pressure necrosis, the destruction being due to the large quantity of cholesteatoma.

A culture taken during the operation

shows staphylococci. Autopsy: There is basilar meningitis with free pus and a thickened inflammatory area of the dura over the right mastoid; the heart is acutely septic (endocarditis); an edema of the lungs, and a diffused nephritis.

Case 3. R. A., female, age 15 years, had a chronic otorrhea of ten years' duration. Upon her admittance to the hospital, there is found an acute exacerbation with mastoid tenderness; chills; a temperature fluctuating from 99 to 104 degrees; mentality clear. Diagnosis: Septic sinus thrombosis.

When this patient was brought to the operating room, her condition was considered so critical that a normal saline solution was given intravenously. A radical mastoid operation was necessarily performed.

The lateral sinus was exposed and found to contain a septic clot, extending from the torcular end to the jugular bulb. Ligation of the internal jugular was imperative. The patient is making a good recovery and we are hoping she will soon be restored to full health. It is safe to assume that had this patient undergone a simple mastoid operation during the acute stage this much more serious one would not have been necessary.

In conclusion: Whenever a purulent discharge from the ear resists the usual and established methods of treatment, even though the classical symptoms such as pain, tenderness, swelling and discoloration of the tissues over the mastoid be absent, let us ever be heedful to the demand for immediate surgery of the mastoid.

DISCUSSION.

Dr. W. Blair Stewart, Atlantic City: I am very much pleased with the remarks that Dr. Keeler has given us, and addressed to the internist. Being interested in internal medicine at the seashore, I come in contact with many of these superficial ear conditions in patients consulting me for different troubles. The question of ear wax is one that comes to us most at the shore, largely because it is dislodged by the sea water, causing sudden deafness. The removal of ear wax comes largely within the domain of the average careful internist. It should be done carefully with a small syringe, and without force that would damage the ear drum or bring about irritation. The habit of filling the ear with peroxide of hydrogen should be condemned. When it is combined with the ear secretions or puss it forms a pressure by the liberation of gas that will frequently do great damage.

I was much interested in the influence of ear condition on the nervous cases that came

to our office. Frequently we are consulted by people who have a neuresthenic condition, and I have found that when I could not locate any other one point as the cause, I have discovered trouble in the ear that, when removed, relieved the source of nervousness. Old men with ears filled with wax are often found to have ulcerations in the external auditory meatus near the ear drum, causing pressure and a certain amount of reflex irritation. When the wax is removed, the man who could not go to business and concentrate his mind on his work, is frequently able to go actively to his duties. I was called to see a young woman who was suffering from a marked attack of hysteria. After working two or three hours without finding any cause or giving any relief, she said she had pain in the right ear. On examination, a live bed bug was found, which, when removed, relieved the source of irritation.

Make it a routine to examine every part of the body and do not neglect the ear.

Dr. Linn Emerson, Orange: I am sure that this must have been an imported bed bug, because I have been to Atlantic City, and found that they did not have them there. I am glad the first discussor, Dr. North, mentioned adenoids and tonsils. From the standpoint of the general practitioner, that is the crux of the whole matter. He sees the cases of acute otitis before the specialist,—in many instances the child is so small that it cannot give information as to the source of the trouble. I remember a young woman who carried a baby with colic in her arms for three nights continuously. On the fourth morning, the ear began to discharge; and the "colic" ceased. Most doctors are often called to see small babies because the attendant has been unable to explain their pain and restlessness, and fears acute otitis media, relief of which causes a drop in temperature and relief of pain. In older children, it is due to obstruction of the eustachian tubes. I think the tonsils are greater offenders in this than in the adenoids tissue. The tonsil sweeps up; and by pressure on its side and extension by contiguity, you get a stoppage of the tube and an accumulation of fluid in the middle ear. The general practitioner, if called early, who knows how, can abort many of these cases. The man who gives the patient an evasive answer and tells him to syringe the ear and the tension will go down in a day or two, is not doing his duty. If he gives the child a good saline cathartic and puts it to bed, it is the best thing to do. I do not like the children to be allowed to run about. He should use a solution of adrenalin in the nose and give belladonna internally and three-fourths of the cases will resolve; and the ear drum will not have to be punctured. In many instances, if the family doctor was consulted, he gave the patient something to pour into the ear. Anything put into the external ear for acute otitis media is time and money wasted. The treatment should be deeper. Saline catharsis, belladonna internally, adrenalin in the nose, and rest in bed. If the patients do not get better immediately, the ear drum must be incised and the material allowed to escape. In the case of every child who has had one attack of otitis media, I look into its throat to see whether there are tonsils and adenoids. In ninety-nine out of one hun-

dred cases, these are found. I say to the people, when the child gets over the discharge, do not let it go through another winter without having the tonsils and adenoids taken out. The family doctor should have that impressed on him. Every child who has had an acute otitis media, is almost sure to have other and repeated attacks; and even though a chronic suppurative otitis does not ensue, I am sure that many cases of so-called chronic otitis media in individuals in middle and late life are due to attacks of chronic purulent catarrhal and suppurative chronic otitis media in early life. If these had been prevented, there would not be so many deaf middle-aged people going around now. If there is any boon that we can confer on people, it is by taking out tonsils and adenoids. If this is done, we are not going to have so many deaf elderly people, thirty or forty years from now.

Dr. Rufus B. Scarlett, Trenton: There is one point in the paper just read which I should like to emphasize very strongly. As Dr. Emerson has said, most of these ear cases go to the general practitioner before being treated by the specialist, and not infrequently, are given drops to relieve the pain and the family is told by the practitioner that the ear will be all right as soon as the gathering ruptures. What a great mistake! You have seen from the drawings and have been told by Dr. Keeler that the outer lining of the ear drum is skin, and to pour drops in the ear canal is like pouring medicine on the outside of the skin. One has to reach and eliminate the seat of the trouble before relief can be expected. Frequently one can make out the bulging, if able to see the ear drum. To wait until the drum ruptures is like taking a handkerchief or piece of cloth and puncturing it by putting the finger through rather than producing a clean-cut edge by a careful incision. Before the ear drum ruptures, the part where it ruptures becomes necrotic and is destroyed. When the discharge ceases, there is invariably a hole in the drum; but by incising it, one gets rid of the discharge more readily and, as the case recuperates, the incised parts of the drum come together, so that in time one can hardly notice the scar. How much better, then, to avoid the possibility of chronicity by early incision?

Dr. Keeler, closing: I wish to express my very great appreciation for the kindly interest in the discussion of this paper and to remind you it is obvious, in the time limit, that only a generalization of this subject can be given. Replying to Dr. North, in reference to the teeth, I must urge the importance of hearty co-operation between the dentist and the laryngologist. In many instances, the patient is in need of the services of both; the dental surgeon should be associated with every otolaryngological dispensary. I cite a case in which not only were the tonsils diseased, but an abscessed tooth had eroded into the antrum of Highmore. This patient had other diseased teeth. It is readily to be seen, therefore, how incomplete an operation for the removal of the tonsils and the adenoids would be without proper surgical intervention of the teeth. In my experience, the roentgengram has been the most valuable single aid in determining the condition of the mastoid, the sinuses and the teeth.

Dr. Stewart referred to vertigo being caused by ear-wax. This is usually due to moisture expanding the wax, causing pressure upon the eardrum; and this is especially true if the etiological factor be a chronic suppurative process of the middle ear, even though that process be so slight as to have escaped notice. If upon the removal of the cereumen a pre-existing suppurative process becomes evident, a precautionary measure to be observed is that of informing the patient of his condition, because not infrequently an acute exacerbation of the suppurative process follows, and feeling damage has been done to his hearing, he may be only too willing to institute a malpractice suit. We must admit in replying to Dr. Emerson that in the great majority of poorly-nourished, bottle-fed babies, the diet is a big contributory factor, but we should not overlook the probability of some ear complication. In otitis media, the child will be disturbed with pain and distress, both day and night, if the eardrum be unusually tough and fails to rupture spontaneously.

CEREBROSPINAL FLUID, ITS CHANGES IN VARIOUS DISEASES AND THEIR SIGNIFICANCE.*

By **Ernest G. Hummel, M. D.,**

Camden, N. J.

Physicians and scientists have given much attention the last few years to the study of body fluids, and particularly marked has been the interest in the study of the cerebrospinal fluid. The work that has been done in this line, and the discoveries made have been extraordinary. To review the knowledge of the cerebrospinal fluid in the light of modern interpretation would make a large volume, so I can only scratch the surface in this paper.

Through recent investigations of the spinal fluid a great deal of information has been gained regarding the diagnosis and nature of many diseases and a much clearer conception of the general physiological processes in the body. Further investigations on this subject are opening up new possibilities in science and art every day, for there is hardly another body fluid that presents as favorable an opportunity for the study of physiologic processes in the human body as does the cerebrospinal fluid.

It is the clearest and most transparent of all the fluids of the body. It is clearer

than blood, than bile, and even clearer than urine, and under normal conditions experiments may be made on it without fear of clot formation, or color change. Furthermore, cerebrospinal fluid, like blood and urine, can be removed from the living body without injury to the system. This gives one the opportunity of working with processes in the living body, a distinct advantage over the study of dead tissue. From the standpoint of pathology also cerebrospinal fluid presents an exceptional opportunity for study. The slightest change in the color of the fluid, the smallest increase in the protein content or in the cell count, all of which are easily discernible, indicate the presence of the pathologic process.

One is able to follow the course of the disease throughout all stages by noting the various changes the cerebrospinal fluid undergoes from time to time. These changes may be manifested not only by the presence of the causative organisms themselves, but just as frequently by specific physical, chemical, cytologic and physico-chemical processes. A close study of the changes in the cerebrospinal fluid under pathologic conditions throws light, not only on the specific diseases of the nervous system, but on the diseases of other systems. The changes in cerebrospinal fluid in various diseases cannot be generalized, each disease presenting at least some changes peculiar to itself. One can readily see, therefore, how large is the scope for the study of cerebrospinal fluid.

Since 1896, spinal puncture has been quite generally adopted as a routine procedure for diagnostic and therapeutic purposes. Bacteriology, serology and chemistry have all played an important role in shaping the history of the cerebrospinal fluid. Serology has added a great deal to the diagnostic and therapeutic uses of the cerebrospinal fluid. However, probably the most beneficial contribution in the field of serology was the discovery of antimeningococcic serum by Jochmann in Germany, and by Flexner in America, and the introduction of intraspinal injection of the serum by Flexner.

The brain and spinal cord are surrounded throughout their length by cerebrospinal fluid. Regarding its origin, physiologists today are practically agreed

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that the fluid is secreted from the blood principally by the selective action of the cells of the choroid plexus of the cerebral ventricles, and that it is a true secretion rather than a transudation from the blood vessels. But there is still a considerable amount of evidence pointing to another source for the cerebrospinal fluid, and though the choroid plexus no doubt has by far the greatest significance in the secretory mechanism, a part, at least, if only a very minor part is played by the perivascular system of the central nervous system, bringing to the fluid the excretory substances of brain metabolism chiefly, and possibly also the secretions of the pituitary gland. The case of Dandy and Blackfan, of acute hydrocephalus with complete obstruction of the ventricles in which five c.c. of spinal fluid was obtained by lumbar puncture and was quickly replaced after withdrawal, is more or less confirmatory of this view.

The rate of formation is still a matter of conjecture. Frazier and Pett always found that an increase in the rate occurred coincident with a fall in blood pressure and vice versa. That the cerebrospinal fluid has a circulation has been shown by Magendie, but the mode of circulation has not been entirely established. It is thought that the fluid starts in the ventricles of the brain, that it passes through the foramen of Magendie and Luschka into the subarachnoid space of the brain, then downward along the posterior aspect of the spinal cord, influenced by such factors as position, pressure, and respiratory efforts, etc. Some of the fluid is absorbed there, the rest spread over the convexities of the hemispheres from whence it is absorbed. The data on the absorption of the fluid are not numerous.

Dandy and Blackfan have also shown by a series of experiments that cerebrospinal fluid is produced in the ventricles and is absorbed in the subarachnoid space, and that the blood vessels of the entire spinal and cranial subarachnoid space participate in the absorption. These and many other experiments indicate that the greatest amount of fluid is absorbed into the blood stream proper. Although absorption takes place from both the cerebral and the spinal subarachnoid systems cerebral absorption is much greater than spinal absorption. Dispro-

portion between the formation and the absorption of cerebrospinal fluid results in its accumulation and its retention within the ventricles. Hydrocephalus is secondary to some process that interferes with the normal circulation or absorption of cerebrospinal fluid. Anatomically, two types have been demonstrated: (a) Obstructive and (b) communicating. Obstructive hydrocephalus develops because the cerebrospinal fluid cannot pass from its place of origin in the ventricles to the cerebral and spinal subarachnoid space where absorption takes place.

Communicating hydrocephalus: (the channels of communication between the ventricles and the spinal subarachnoid space being patent to a greater or less degree), results because the cerebrospinal fluid cannot reach the cerebral subarachnoid space where the greater part of absorption takes place. The two types of hydrocephalus can be differentiated, however, by the phenolsulphonephthalein test. Recently, Dandy suggested that cerebrospinal fluid removed from the ventricles by ventricular puncture be replaced by air. When this is done and a roentgenogram is made, the ventricles appear clearly outlined. By this procedure a hydrocephalus can be demonstrated and its extent measured.

It has long been known that hydrocephalus is a frequent complication of meningitis, but until recently there has been no means by which its early recognition has been possible or a differentiation between the two types of hydrocephalus could be made, both of which are essential for successful treatment. Some of the experiments on the impermeability of the meninges and choroid plexus are not entirely convincing. It is certain, however, that there is a vast difference between the transmissibility of chemical and immune substances in health and in disease and although we may not know positively whether the meninges or choroid plexus are entirely impermeable in health, we do know that they become permeable in disease—a fact of great importance in the development and also in the diagnosis and treatment of the diseases of the meninges.

The cerebrospinal fluid not only fills out the empty spaces in the skull and spinal canal, but, it has a great function, mainly to exert a continual and regulated pressure on the neuron masses. A

number of other functions are ascribed to cerebrospinal fluid, Mott believes that it is the function of the fluid to give up carbon dioxide and water to the blood, and to take up oxygen and sugar. Cushing, and also Frazier, suggested that the fluid may be the medium of distribution of the active principle of the pituitary to the tissues of the central nervous system, which is essential to metabolism. Other theories are: the fluid as a whole acts as an ideal physiologic salt solution bathing the neurones and maintaining their osmotic equilibrium. Of all the theories the only one that has a firm basis is that of mechanical function. The first lumbar puncture by Quinke in 1891 was done for therapeutic purposes, and since has been of great importance both therapeutically and diagnostically.

The methods of removing the spinal fluid are comparatively simple and can be done under ordinary conditions at the hospital or home. Spinal fluid is removed by two main methods: (a) by lumbar puncture, as you all know by the aspiration between the third and fourth lumbar vertebrae, or by ventricular puncture, an almost equally simple method performed by introducing a hollow needle through the lateral angle of the anterior fontanel, downward and slightly outward some 9-10 cm. through the brain tissue into the lateral ventricle. While at first sight this might appear to be a radical and dangerous procedure, both autopsic and living cases have shown this method to be safe in the hands of any careful operator. Lumbar puncture is usually preferable to ventricular puncture for many reasons, but if the case shows symptoms of meningitis in which it often happens that the connection between the brain and cord becomes clogged. In such a case ventricular puncture should be done, and in the hands of a careful operator may be performed with little risk. The ventricles normally contain about 30 cc. of fluid.

Normal cerebrospinal fluid shows no pellicle (a cob-web like film forming in the middle of the solution obtained after standing a few hours in the cold), or any kind of sediment. This is because of the fact that the cell content is low, and fibrin is either entirely absent, or present only in very small traces. The lack of sediment or pellicle is helpful in differentiating normal fluid from that in cases of

meningitis, especially tuberculosis, in which the diagnosis is difficult because of the clearness of the fluid.

Observations on the pressure of normal cerebrospinal fluid have given various results in the hands of different workers, but in this paper I will confine my remarks to the physical and chemical properties of the fluid itself. Reviewing the work on the chemical composition of the cerebrospinal fluid, we find there are a great many fundamental questions that have not yet been answered. Levinson's tables showing the properties of the fluid in different diseases are very valuable and throw much light on many conditions that are non-meningitic, and have a direct bearing on the differential diagnosis and pathogenesis of various diseases.

Cytology, the study of the cell content and of the cell elements of the cerebrospinal fluid was inaugurated in France by Ravant, Sicard, Nagoette and Widai in 1901 and has since been recognized as a very important phase of the study of the cerebrospinal fluid. The exact number of cells in normal cerebrospinal fluid is a matter on which authorities who have worked in this subject do not agree. Many observers consider the number of cells in normal fluid to be between four and six per c.mm. and have adopted this number as an arbitrary standard. Considering six cells per c.mm. suspicious, above twelve cells per c.mm., indicative of some pathologic condition of the central system, being certain that the cerebrospinal fluid contains no blood to begin with. Normally no red blood cells are found in the fluid, the cells in the fluid are small lymphocytes, and the endothelial cell which is often present and somewhat larger.

Large lymphocytes occasionally occur. In normal spinal fluid there very seldom exists, however, a combination of large and small lymphocytes in the same specimen. Large lymphocytes in numbers, make one think of some diseased condition of the central nervous system. In some recent work done by Herrick of New York, he found that the cell count, pressure, and the globulin content are increased in a number of acute diseases not ordinarily causing true meningitis. These diseases are, pneumonia, tonsillitis, scarlet fever, measles, variola, influenza, herpes zoster, parotitis, typhoid, sepsis,

arthritis, pleurisy, migraine and reaction to typhoid inoculation. In these diseases, when the cells in the spinal fluid are less than 100 per c.mm., caution should be used in making a diagnosis of meningitis or poliomyelitis, in the absence of other laboratory findings. A tonsillitis may run a cell count of 172, a pneumonia of 200, therefore, how easy it would be to become confused in the fluid findings especially during an epidemic of polio.

Changes in the cerebrospinal fluid are produced by all processes that effect the central nervous system either directly or indirectly. Two general conditions are produced in the brain and spinal cord, either (a) meningism or (b) a true meningitis. By meningism we mean an irritation of the meninges produced by mechanical disturbances in the cranial cavity or spinal canal, by the action of metabolic products, or by toxins from infectious diseases, but without any local bacterial involvement. This is the condition which often exists in pneumonia, typhoid, influenza, and otitis media, etc.

The term meningitis is confined to a true inflammatory condition of the cerebral or spinal meninges, usually accompanied by bacterial infection. In both meningism and meningitis definite changes are produced in the character of the spinal fluid, which is easily determined by careful examination. The changes produced in the spinal fluid are distinctly characteristic of the infections producing them. Changes produced by the entrance of bacteria into the fluid take on a varied character and may be physical, chemical, cytologic and bacteriologic. A note may be made here as to the reaction to the intraspinal injection of therapeutic sera. A cloudy fluid after such an injection, must not be regarded as evidence of infection but as a reaction to the foreign serum. A marked increase in cell content is induced by the injection of anti-tetanic serum.

Just how bacteria may enter the cerebrospinal fluid is still a matter of controversy. There are two ways in which they can make their entrance. One is through the circulation and the other is by direct continuity from the nose or from the ears. For a long time it was thought that the attack on the meninges in epidemic meningitis or in poliomyelitis was by way of the lymphatics of the nasal membrane, the bacteria passing

through the cribriform plate of the ethmoid directly into the meninges. The fact that the meningococcus in many cases may be cultivated from the blood directly in the early stages of meningitis, and that skin rashes, arthritis and iridochoroiditis often complicate meningitis, would make one believe that the meningeal infections is the most frequently hematogenous.

In tuberculous meningitis, the infection hardly ever reaches the meninges directly from the nose. It is usually part of a general miliary tuberculosis of which the meningitis is a terminal process.

The pneumococci act much like the tubercle bacilli and meningococci in their relation to meningitis. Not every pneumonia it is true, produces a pneumococcus meningitis, but every pneumococcus meningitis is the result of a pneumococcus septicemia.

Foam is present in all pathologic fluids, but it is of greater size and duration in acute infections of the meninges. It is best explained by the increased amount of protein in the fluid.

The time it takes a pellicle to form varies with the character of the disease. In suppurative meningitis, the pellicle forms in a very short time. In tuberculous meningitis, it usually takes from twelve to twenty-four hours for a pellicle to form. Some authors have described a pellicle formation in poliomyelitis and in lues of the central nervous system. The formation of a pellicle depends on three factors: (1) fibrin, (2) fibrin ferment, (3) blood cells. Another physical phenomenon which takes place in cerebrospinal fluid on standing, is the formation of crystals, their character depending on the character of the disease.

In normal cerebrospinal fluid the protein content is small and consists mainly of globulin. In pathologic conditions there is both an increase in the amount of protein and a change in its character. The action of the precipitants on cerebrospinal fluid in various diseases furnishes another evidence of the varying character of the protein in different diseases.

These findings which can be utilized for diagnostic purposes speak in favor of the specific changes produced by various disease processes, which manifest

themselves in the spinal fluid both chemically and physico-chemically.

Noguchi has devised a butyric acid precipitation test which may prove applicable to some of the ill-defined inflammatory conditions of the meninges, such as the so-called serous meningitis in which micro-organisms and inflammatory cells cannot as a rule be demonstrated. This method is probably familiar to you all. This test is positive in syphilitic and parasymphilitic conditions and in all cases of inflammation of the meninges caused by micro-organisms.

It suffices to distinguish normal from pathological cerebrospinal fluid, and especially that form of pathologic fluid which is altered through an increase in the protein content. The Dandy test has similar diagnostic value in these conditions in which there is an increase in the amount of protein. As an index of pathological change in the cerebrospinal fluid the colloidal gold reaction is more delicate than any other test employed. A positive Lange reaction may be considered sufficient evidence of a pathologic process affecting the central nervous system, though the fluid in question is negative to all other tests. A normal fluid changes the bright orange red reagent to a red-blue, purple or violet blue, pale blue or colorless. The intensity of this color change is expressed by numerals 1, 2, 3, 4, 5. With a great increase in protein, and few, if any cells with or without changes in color of the spinal fluid, the possibility of compression of the cord must be considered. The Lange test is especially valuable in the diagnosis of paresis, as it gives a curve which is pathognomonic of this disease, but generally speaking the Wassermann reaction of the spinal fluid is the most satisfactory test in the diagnosis of syphilis of the central nervous system. Usually the blood serum also gives a positive Wassermann reaction.

The principle carbohydrate present in the cerebrospinal fluid is dextrose. Until recently there was considerable doubt as to the nature of the reducing substances present in the cerebrospinal fluid.

In certain inflammatory conditions of the meninges, especially those of bacterial origin, the sugar content of the fluid is diminished at the onset of the disease and soon is entirely absent from it. Coincident with the decline of the inflam-

matory process, the sugar in the fluid commence to return, so that this fact has been used as an index of recovery in such conditions.

Urea is present in the normal fluid in quantities identical with those of the blood, varying from 0.1 to 0.5 per cent.

Lactic acid is found in the faintest traces in normal cerebrospinal fluid. An increase has been found in various inflammatory conditions of the meninges and in eclampsia, epilepsy and hydrocephalus. The hydrogen ion concentration of the fluid in suppurative meningitis is often increased, and in tuberculosis meningitis, runs parallel with that of normal fluid. The alkaline reserve, the chloride, the presence or absence of acetone bodies, may all be taken into account in a routine examination. These and many other chemical constituents undergo changes in certain diseases, all of which are now known to the up-to-date laboratory worker. Laboratory investigation points out to us the changes taking place in the fluid in various diseases, the principle underlying these changes, and their diagnostic significance.

Changes in the cerebrospinal fluid of various forms of meningitis differ from each other not only bacteriologically and cytologically, but also physically, chemically and physico-chemically.

The pathogenesis of meningitis must be dealt with separately in each form and while there is a common element between all forms of meningitis in that they are all produced by bacteria, the reaction of the meninges to the bacteria is different in each one of them; this is especially true in the case of suppurative meningitis and tuberculous meningitis.

The same is true of the pathogenesis of meningitis as compared with that of meningism; while there is a common pathologic ground between meningitis and meningism, in that the fluid is increased in both cases. The pathogenesis is different entirely in that in meningism there is a pure mechanical disturbance, while in **meningitis** there is an infection with destruction of the local tissues.

In the treatment of these different forms of meningitis or whenever it is advisable to introduce some form of medication into the cerebrospinal fluid, it is of the utmost importance that the remedy be brought into direct contact with the central nervous system, and as early

as possible, the injection is made either intraspinaly or intraventricularly. In the early stages of meningitis during which a bacteremia may exist, the intravenous injection of serum is to be seriously considered as a logical procedure for the sterilization of the blood and its possible influence upon the local changes in the meninges. But, even when intravenous injection of serum is employed, the serum should be injected into the cerebrospinal canal also, if there are any indications of the presence of meningitis. Each of the various organisms and each type is affected only by its own specific serum.

Some consider the best results in the treatment of syphilis of the nervous system are obtained by the Swift-Ellis treatment. The Swift-Ellis treatment has merit and should be used in the selected cases of syphilis of the nervous system. In a paper read before the Philadelphia Medical Society, recently, on this subject, Dercum's conclusions were, that attempts at medication of the brain and cord through the subarachnoid space, as in the Swift-Ellis treatment, are unscientific as substances introduced into the cerebrospinal fluid rapidly disappear by passing out through the arachnoidal villi and the lymph spaces without in the slightest degree penetrating the nervous parenchyma; the beneficial effects hitherto ascribed to the Swift-Ellis treatment and kindred methods he claims are entirely due to the incidental spinal drainage, and that spinal drainage twice a week is indicated in the treatment of syphilis of the nervous system, as in tabes and paresis, in conjunction with injections and intervenous injection of salvarsan.

Goodman reports a series of cases of chorea treated by the autoserum method. The theory that chorea is a bacterial disease, therefore, certain antibodies must be in the circulatory blood plasma, which antibodies do not enter the cerebrospinal fluid on account of the impermeability of the choroid plexus not permitting their transmission into the spinal fluid. The blood serum is separated and injected into the spinal canal as the antisera are in meningitis. It has been shown by Kolmer that the passage of antibodies from the blood to the cerebrospinal fluid is possible when the antibody exists in

the blood in a high state of concentration.

We are living in an age of invention and discovery, of accomplishment and efficiency, and in no branch has the progress been so marked as in the development of laboratory work, with the aid of which we should add to our usefulness and reputations as diagnosticians, and our achievements will be appraised according to their results, their utility, and their benefit to mankind.

DISCUSSION.

Dr. Arthur J. Casselman, Camden. Dr. Hummel has given us a very clear account of what we may find if we look. In most cases we send our specimens to a competent pathologist, but I should like to emphasize the value of one of the simplest of laboratory examinations. I have found the Pandy test the most satisfactory method of determining the presence of an excess of globulin in the cerebrospinal fluid. The only reagent necessary is a saturated solution of phenol in distilled water. To one cubic centimeter of the saturated solution of carbolic acid is added a drop of the cerebrospinal fluid. If the fluid is normal, no change or only a slight opalescence occurs. The presence of an excess of globulin will cause the appearance immediately of a white cloud where the drop comes in contact with the reagent. Because of its sensitivity, simplicity and lack of odor the Pandy test is to be preferred to the Noguchi butyric acid method. Where a laboratory is not easily available, this test is of especial value to the general practitioner to exclude the majority of pathological changes.

Although it is preferable in most cases to have laboratory specimens as fresh as possible, cerebrospinal fluid is satisfactory for the colloidal gold test for paresis even though it be many days old. It is most important to have the fluid absolutely fresh if the examination is to be made for meningococci, as these organisms disappear rapidly by autolysis. At the present date, one must be very careful not to attach too much importance to minor changes in the cerebrospinal fluid. Slight changes may be due to some intercurrent disease instead of the one suspected. More emphasis might well be placed on the necessity for more frequent performance of lumbar puncture and the more simple examinations. One should not lean too heavily upon the pathologist for the significance of the changes found in the cerebrospinal fluid.

Generally the diagnosis should be made by means of symptoms and physical findings, the specific changes in the cerebrospinal fluid being confirmatory. The laboratory is of especial value in giving us special details, differentiating by culture and agglutination the various types of meningococci, differentiating the pneumococcus types and giving laboratory data on the progress of a case under treatment. While it is good confirmatory evidence to have the report of a tabetic curve, a luetic curve or a meningitic curve, with the colloidal gold test or the mastic test, the physician ordi-

narily can obtain sufficient confirmation of his clinical diagnosis of tabes, paresis or syphilitic meningitis by means of the Wassermann reaction in the spinal fluid and blood. In this State, the colloidal gold test is not so readily accessible, the Wassermann test being performed without charge at the State Hygienic Laboratory.

Right here it might be well to say a word concerning the colloidal tests, gold and mastic. These tests are merely the more accurate methods of estimating an increase of protein, although a change in the salt content also has an influence on the precipitation of these colloids. A change in the balance of protein and salt content of the cerebrospinal fluid causes in certain dilutions a precipitation, complete or partial, with a clearing and decolorizing of the reagent or merely a color change. Lumbar puncture should be done promptly in cases of suspected cerebrospinal meningitis, as the mortality rises with delay in the injection of a curative serum. In cases of suspected meningococcic meningitis, serum should be at hand when performing the lumbar puncture. If the fluid is cloudy the polyvalent serum should be injected immediately instead of delaying the treatment by waiting for the laboratory report. Dr. Hummel has emphasized the value of laboratory examinations to clinicians. If the work is not done by the clinician himself it is best to inform the laboratory worker of the disease suspected, as he can frequently be of material assistance in suggesting the relative value of the various tests which may be performed.

Hyman I. Goldstein, Camden: The anatomy of the meningeal-choroidal complex or the sub-arachnoid system is well known—better than is its physiology, pathology, and clinical significance. Weed in 1917 (*Anat. Record* 12:461, 1917) discussed completely the anatomical considerations of the cerebro-spinal fluid. Most of the fluid goes from the lateral ventricles through the foramina of Monro to the third ventricle and gets to the fourth ventricle through the aqueduct of Sylvius, thence it escapes by the median foramen of Magendie and the lateral foramina of Luschka into the cisternae lying in the cerebello-bulbar angle, where contained between the arachnoid externally, and pia internally, the fluid is distributed to the communicating spinal sub-arachnoid spaces and to the cerebral and cerebellar spaces as a capillary layer. Absorption is chiefly by the great venous sinuses, largely through the pacchionian bodies (augmented arachnoid villi), with lesser drainage into the lymphatic system surrounding certain cranial nerves and vessels. Of great clinical importance is the fact that drainage is chiefly a physical process determined by the difference in pressure existing in this subarachnoid system and in the venous sinuses.

According to Frazier (*A. M. A. J.*, April 3, 1915), the total amount of fluid secreted in 24 hours is estimated to be from 360 to 720 cc. and he believes the entire amount (60-150 cc.) of C. S. Fluid is replaced every 3 hours. If phenolsulphonthalein is injected into the ventricles, 60 per cent. is recovered from the urine within two hours. Therefore, in cases where spinal puncture is "dry" or gives a negative fluid, one must be certain, if the case is

suspicious, that we are not dealing with ventricular or cord block due to adhesions or plugging. The phenolsulphonthalein test is of use, especially in infants, with hydrocephalus. Care must be taken not to withdraw too much fluid at first puncture, for examination—because of the possible danger of filtration of bacteria or toxins from the blood to central nervous system. In many of the acute infectious diseases, in some of which there is a bacteremia, we get, meningism or meningismus (meningitis Serosa, Dupre (1904) coined the term, but which do not as a rule lead to meningitis. Too oft repeated or unnecessary spinal punctures in cases may, of course lead to a definite meningitis either of toxic non-bacterial character or a true bacterial meningitis. It is safer, however, when there is a question as to the advisability of a lumbar puncture, to do the lumbar puncture. (Josephine B. Neal, P. I., Vol. IV., 1918, *International Clinics*). Let us therefore not forget that such diseases as scarlatina, pneumonia, mumps, measles, whooping cough, influenza, yes, and even gastroenteritis may often give rise to meningeal symptoms, meningismus or serous meningitis (Dupre) with a C. S. Fluid under heightened pressure with globulin and an increase in cell count even up to 100 or 200 in a cubic millimeter. So that lumbar punctures showing only slight changes in the fluid should not lead one at once to the diagnosis of meningitis or poliomyelitis—even if fever and slight changes in the fluid are present. In every early case of suspected meningococcic meningitis remember to culture the blood—as we may get the meningococci in the blood while the C. S. Fluid is still bacteria-free, and so by very early treatment (intravenous and intraspinal), of the meningococcemia (premeningitic stage) ward off a definite bacterial meningitis.

Spinal-Puncture headache should be mentioned. This is of frequent occurrence—especially in cases where the puncture fluid is bloody. Preceding the puncture by injection of adrenalin or pituitrin sol. with a good dose of digitalis, and following the puncture and withdrawal of the fluid by the intraspinal and intravenous injection of 0.5% salt solution—will lessen very materially the number of cases of post-puncture headache. We owe much to the thorough and valuable work of W. W. Herrick, Weed, Netter, Frazier, Dercum, Josephine Neal, Sibon Flexner, John Kolmer, Harvey Cushing and others—who have advanced the study of the C. S. Fluid and its significance in acute disease.

Lumbar Puncture.—Channing Frothingham of the Peter Brent Brigham Hospital, Boston, advises lumbar puncture in all cases of old syphilis, before beginning treatment, in order to discover otherwise undiagnosed cases of syphilis of the central nervous system. He does not consider lumbar puncture to be in the least dangerous. (*Trans. Ass'n Am. Phys.*, p. 39, 1919, XXXIV. Dercum recommends free and thorough spinal drainage in tabes and paresis, and believes this to be a very safe and effective measure. (*Arch. Neurol & Psychiat.*, Mar., 1920, Vol III, p. 230).

Hydrocephalus.—Frazier of the University of Pennsylvania found that thyroid extract had a distinctly inhibitory effect on the output of cerebrospinal fluid—this is important, because in meningitis, brain-tumor, and hydro-

cephalus there may be an excessive accumulation of fluid. Frazier divides hydrocephalus into four varieties: 1, Obstructive (internal); 2, nonabsorptive; 3, hypersecretive (choroid plexus involved), and 4, hydrocephalus occultus (this fourth variety occurs usually in children, and is characterized by excess of fluid in the ventricles, basal cysternae and in the subarachnoid space, without necessarily an increase in cranial dimensions). To differentiate between the varieties the phenol-sulphonphthalein test is applied. These tests have been elaborated by Blackfan and Dandy by Frazier and Peet. In cases of hypersecretion of cerebrospinal fluid thyroid feeding may be resorted to. The intravenous injection of **diiodotyrosine** has an inhibitory influence on the rate of secretion of the choroid plexus. Saline extracts of the fresh thyroid gland gives better results. **Iodothyrene** in solution, in large (0.3 gm. 0.5 gm.) doses may inhibit to some extent the rate of choroid plexus secretion.

Ventricular Puncture.—In view of the small number of recoveries with ventricular puncture, the possible greater danger of secondary infection, and the possibility of subsequent impairment to the mentality, I believe that ventricular puncture in epidemic meningitis is a procedure, the use of which should be restricted rather than encouraged—this is in agreement with the opinion of Josephine Neal and others. In infants as well as in older children a daily lumbar puncture may be done, and the administration of serum continued until the fluid becomes sterile (in epidemic meningitis).

Meningism.—A few words as to meningism. This condition is frequently met with and deserves comment. Terms such as circumscribed meningitis, meningitis sine meningitide, pseudo-meningitis, serous meningitis, meningitis infectiosa circumscripta, non-bacterial toxic meningitis, etc.—are used by various writers. Neal reported 73 fatal cases of meningism in a series of 265 cases due to pneumonia (104), gastro-intestinal disease (27), scarlatina (11), pertussis (8), typhoid fever, complicated by pneumonia (6), otitis media (7), erysipelas (5), nephritis (4), endocarditis (4), tuberculosis (5), etc. Only in one instance did Dr. Neal and associates see a case of generalized meningitis follow a meningism! In nearly all these cases a lumbar puncture was done. Finally, **meningism** has reference to that condition in which meningeal symptoms arise in the course of some disease, the cerebrospinal fluid being increased in amount but with rare exceptions normal in character. With a definite and distinct pathological cerebrospinal fluid, a diagnosis of meningism should be made with great caution and as a rare exception, as such case may be, and usually is, one of true meningitis.

Dr. Hummel, closing: This paper was written more from the standpoint of the technician than from that of a clinician, but my idea was to bring before the men the fact that it is very important for us to know these fluid changes that are noticed every day, in the laboratories, and that we should associate our bedside findings with the laboratory work. It was simply a plea for closer laboratory investigation to show the many changes found in the fluid in different diseases.

In answer to the doctor's question about the blood in the spinal fluid, I would say, that bloody fluid is usually due to faulty technique, going too far in and scratching the back part of the canal, piercing some vein in the plexus or it may be due to hemorrhage of the brain. As to the bloody fluid's having any special effect on the headaches, I do not think it does. The cause of headache after lumbar puncture is a matter of speculation generally attributed to the removal of too great an amount of fluid at one time or to the non-closure of the puncture hole in the arachnoid causing epidural leakage. Sometimes we get headaches because we change the equalization of pressure in the canal after puncture, but we never see any trouble, if we keep the child quiet, until equalization of pressure is established again.

As to the two types of hydrocephalus, Blackfan and Dandy have done a great deal of work in regard to this. They have artificially plugged the aqueduct of Sylvius followed by x-ray in dogs and produced hydrocephalus. They have also drawn fluid from the ventricles and injected air. From their experiments they have demonstrated that hydrocephalus is secondary to some process that interferes with the normal circulation or absorption of cerebro-spinal fluid, and that the anatomically two types have been demonstrated. (a) Obstructive, and (b) communicating. After this was done a roentgenogram was made and the ventricles appeared clearly outlined. They are the men from whose work I have quoted regarding the two types of hydrocephalus.

THE HOSPITAL—THE DOCTOR— THE DENTIST.*

By Fletcher F. Carman, M. D.,

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The age in which we live is one of rapid progress and advancement. In business and commerce, in the realm of mechanics and in the political world, as well as in that of medicine and surgery, the methods and practices of yesterday are rapidly being discarded, and an awakening to a broader outlook is taking place. The meaning of the word "efficiency" has become better known and more universally used by an ever-impatient public. The World War brought numerous new methods in the treatment of traumatic surgery, but in the field of medicine comparatively few new discoveries have come to us from the conflict. Nevertheless, civil medicine has made rapid advancement, and he who would keep himself abreast of the times must be ever-vigilant and awake to that which is transpiring about him.

*Read at the 154th Annual Meeting of the Medical Society of New Jersey at Spring Lake, June 17, 1920.

With the above thoughts in mind, I have chosen the title of this paper, with the purpose of calling to your attention one line of advancement in medicine, and one which is too often neglected in our treatment of the sick. Although bringing the matter before you for consideration, it is not my intention to argue whether that or the other diseased condition is brought about by permitting oftentimes a cesspool of infection to exist in our patients' mouths, but rather to plead that the condition of the mouth be not overlooked, and an even fighting chance be given the sufferer.

A hospital, in its broadest sense, is a charitable institution for the care and maintenance of the sick poor, and it is unnecessary to add that it is the increasing endeavor of those in charge of such institutions, to discharge their duty in the quickest and best possible manner. Often heavily endowed, or else the object of continual appeal to the public for their maintenance, the management and medical and surgical departments are looked to for all the efficiency possible in the care of the sick and suffering who come to them, and it is in our hospital wards, which so often act as clearing houses for these conditions, that the end results are so often seen.

We are all ambitious that our hospitals be graded as Class "A" institutions, and dental prophylaxis being so fundamental in its scope, and so necessary to the health, it seems strange that requirements regarding it have not been made essential to attainment of the first class. The medical profession has been unceasing in its labor for the amelioration of suffering, and the student candidate for his M. D. degree has been early taught his privilege and duty to the community in which he lives, through his private practice and hospital connection.

The practice of medicine has been one of evolution and it is often with amusement that we now look back upon some of the earlier methods of treatment, but we must remember that the physicians of even fifty years ago did not have the same advantages which we today enjoy. They did not have the x-ray, could not call upon the serologist, bacteriologist, pathologist, and the many mechanical aids to diagnosis, which today we enjoy. Even the telephone and automobile which we use without a second thought,

were totally unknown then, and if we stop to consider our plight, were we to be set back a period of fifty years, the wonder is they accomplished as much as they did.

Comparatively recent is our knowledge of the relation the teeth bear to the health of the individual, and it is only through the efforts of those working in our bacteriological laboratories, that we have come to a realization of its importance. Investigators, contrary to our early teaching, are telling us that the etiology of many of the diseases that have long puzzled us, can be traced to the teeth and other face infection, yet we find the members of the profession divided into two camps, one of which has recognized and accepted the facts concerning focal infection, and the other which is busily engaged in pooh poohing the importance of mouth prophylaxis. Personally, I am trying to be radical but not a fanatic on the subject, yet in my own work, that of a gastro-enterologist, the facts are brought to my attention at every turn.

The rheumatisms as a class, the nephritic, cardiac conditions and many forms of neuroses are but examples of that ever-increasing number of pathological conditions known to be caused by focal infections—often those of the teeth. Focal infections are no longer suppositions but are now a known and accepted fact, as we have seen too many proofs to longer doubt, yet how often do we neglect and entirely overlook the proper examination of our patients' mouths, and proceed to treat their symptoms, their swollen joints, their aching muscles, their failing and irregular pulse, the albumen and cases in the urine, their stomach and intestinal symptoms, without giving a thought as to what is the real causative factor, and endeavoring to eliminate it.

The obvious is so often neglected and too frequently the last to be recognized as fundamental, and it is the writer's decided opinion that we have only scratched the surface in our discoveries of the ills caused by mouth infections. Given a bad mouth, so often seen in our hospital wards, and private practice too, rotting teeth, abscessed at the apex of the root, or else camouflaged at the top by a gold crown or a pivot tooth, is it any wonder when twenty-four hours a day that mouth is draining into the system and

blood stream, numbers of bacteria, often of the most virulent type, that our wards are filled with chronic arthritic, nephritic, cardiac, stomach and intestinal cases? These patients come to us and before we are aware of it have taken up their permanent residence to the exclusion of the more acute illnesses.

We are told it costs at the present day approximately \$4.85 per day to maintain each patient in our hospital wards, and from the standpoint of efficiency, are we justified, like the ostrich, in hiding our heads in the sands of neglect? How few physicians, both in and out of the hospitals, are giving this the thought it should rightfully command, and making or causing to be made, a thorough examination of the mouth? In retrospect, cannot we remember many cases we are now sure were caused by focal infection, which passed into the stage of chronic invalidism, or else died because we, at that time, were ignorant as to the cause and had not yet awakened to the importance of mouth prophylaxis.

Dentistry and its relation to the community is entering a new era. The days of the old order of things are passing away. The dentist formerly thought his chief mission was but to allay pain, nature's signal of distress. The tooth was the shrine at which he worshipped, and the more decayed the tooth the harder and more strenuous were his efforts to save. The tooth was allowed to remain in the patient's mouth until it became so necrosed that it was past all hope of being capped or crowned, and its rotten areas covered by gold or porcelain. The underlying condition was not thought of and small blame could be attached because periapical infections were not then recognized, and even the dead tooth had received but little consideration.

The dentist was a man apart, did his work in his own individual manner, and by his fillings, pivot teeth, caps and crowns and bridgework, strove only to conserve the teeth with no thought as to the health and ultimate well-being of the patient. Today a far greater work and responsibility is his and the methods of yesterday will not suffice. The dentist, formerly considered a good man in his profession, will—unless he adopts the present-day methods—be looked upon as a very poor one. He must be a conservator of health as well as of teeth,

and the mechanics of the profession be secondary to a thorough knowledge of the pathology of the diseased conditions of the mouth and teeth, with a broader understanding of their relation to the body as a whole; and the health of the individual, not his tooth, should be the goal for which he strives.

The dental colleges, and by that is meant, of course, their faculties, must awaken to that which is taking place and see to it that the pathology of the tooth and mouth, is given its rightful place in their curricula and not, as at present, relegated with the subjects of lesser importance, to tail end consideration. Dentistry, and I use the term in its broader sense, will, I believe, at some future time, become a part of the medical profession. The present-day methods of many of those in the profession will not be countenanced, but rather a more scientific dentistry will take its place and it will become a department of medicine specialized in by those most interested in it.

The hospital, although the doctor's chief sphere of activity, is not a place conducted for his benefit or aggrandizement (I am not speaking of privately owned institutions) but primarily is for the benefit and help of the sick poor of a community. This being the case, all recognized methods of treatments should be used and we should not neglect anything that will help our patients to regain their health as rapidly as possible.

The physician has early been taught that his duty and privilege lies in the direction of the hospital, but to the dentist the call to service often comes as a surprise. He has been so busy saving teeth that the call to restore health and save lives comes as a rude awakening. He asks himself whether this call is a just one. Should he be expected to give up part of his busy day to charitable work in our hospital wards? The answer to that question can be found in each man's conscience, and he who cannot answer it affirmatively is not the one for the hospital. Pride of community, as well as professional pride, and that inner consciousness of satisfaction in knowing one is helping to shoulder a burden, and doing something for someone not so fortunately situated, are the impelling forces which will dictate the reply.

Upon the visiting staff of every hospital, besides a dental dispensary, there

should be an associated staff of visiting dentists, whose work it should be to visit the institution regularly, preferably at a time when the attending physician or surgeon may be met, so that conferences and consultations may be held. Examination of the mouth and teeth of all ward patients, both medical and surgical, should be made, and the conditions noted on a separate sheet and added to the history of the case.

All gross dental work should be executed as soon as possible, carious teeth removed, x-ray examinations made, if indicated, and a general clean-up of the mouth performed. The foregoing applies especially to those chronic cases so often seen, but it is my firm belief that even in the acute medical and surgical cases, the same procedure should be adopted as a prophylactic measure, before the discharge of the patient. In the larger hospitals an up-to-date and well-equipped dental interne should be a part of the resident staff, whose duty it should be to carry out the work under the supervision of the attending and consulting dentists. The mouth and dental hygiene should be in the hands of the dental visiting staff, who should see to it that the nursing staff receive the necessary instruction and that appropriate measures are carried out in the wards, to insure, in as great a degree as possible, cleanliness of the mouth.

When the dentist accepts his just responsibility for the care of the mouths of the sick poor, and thus co-operates with the medical man, that spirit of antagonism and criticism which has existed between the two professions, will disappear and he will take his rightful place in the community, first as a conservator of health and second as a conservator of teeth.

OBSERVATIONS ON THE ETIOLOGY AND TREATMENT OF ACNE VULGARIS.

By William O. Roop, A.B., M.D.,

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Acne vulgaris is one of the most frequent maladies met within dermatologic practice; yet in spite of its frequency and accordingly numerous opportunities for its study there exists quite a diversity of opinion regarding the real nature of

the disease. And I am impressed that this disease does not generally receive the serious consideration it deserves, occurring as it does in young men and women at a period when they would wish to appear at their best, and which, unless intelligently and skillfully treated, is prone to run a very chronic course and terminate often with marked permanent disfigurement.

Furthermore, it occasions great mental distress to the patient and weakens and stunts the personality. Considering its obstinacy, chronicity, tendency to permanently disfigure and its effect upon the psychic nature, it should be regarded as a serious malady and receive the most careful consideration at the hands of the profession. The purpose of this discussion is to consider some of the more important theories advanced as to its cause and add some ideas that have occurred to me as a result of my observations in a goodly number of cases.

Acne vulgaris may be defined as an inflammatory disease of the sebaceous glands occurring at adolescence and characterized by an excessive secretion of sebum, occlusion of the ducts and the development of comedones, papules, nodules or pustules, sites of predilection being the face, forehead and shoulders. Many and varied theories have been advanced from time to time as the direct or indirect causal factors of this disease, several of which we now believe to have at most only an indirect bearing upon the disease. Among such causes may be mentioned gastro-intestinal disturbances, anemia, masturbation, excessive venery or the reverse sexual continence, urethral irritation in the male, uterine disturbance in the female, the establishment of puberty and the latest and rather attractive, though not universally accepted theory that it is due to a specific organism.

The majority of these are purely theoretical, without any reasonable physiological or anatomical basis and to my mind, all except one are unsatisfactory and incapable of being the prime causal factor of an eruption such as acne vulgaris, which is constant in respect to the parts involved, the sebaceous or pilosebaceous glands; constant in its distribution, the face, forehead, and shoulders; constant in its time of occurrence, at adolescence; and depending somewhat upon the severity, constant in its subse-

quent course, chronic and subsiding when full adult life is reached; occasional exceptions to these constant features only proving the rule. I am convinced that there is but one of the foregoing enumerated causes which will square satisfactorily with all the various characteristics of this disease, and which we are justified in regarding not merely a predisposing, but the underlying cause of the disease, namely, the establishment of puberty with certain physiological processes incident thereto and which I shall more fully describe. The various other associated conditions as dyspepsia, constipation, anemia, etc., are functional manifestations resulting in other parts of the organism from probably the same underlying cause as the acne itself, but acting reflexly may aggravate the eruption once begun.

In considering the pathology of the acneic process let us first examine the comedo from which the later multiform lesions are evolved. These we find distributed as black specks in variable numbers over the face, forehead, neck, chest and shoulders, which are also the areas of distribution, of the lanugo hairs. Also areas in which the sebaceous glands are very thickly distributed, and in which they reach their highest development, many being of the racemose type. The comedo is seen to occupy the orifice of the sebaceous or pilo-sebaceous glands, in and around which there is more or less hyper-keratosis, which by narrowing the duct together with the excessive secretion of sebum, contributes to its occlusion. The comedo is composed of an outer covering of epidermoidal cells, concentrically arranged and enclosing a mass of inspissated sebum, one or two lanugo hairs, and cellular detritus that has undergone fatty change. The black deposit at the apex being not particles of dirt, but a product of keratinization analogous to the black particles sometimes observed in the epidermal scales of ichthyosis.

With the continued activity and secretion within the already occluded glands, mechanical irritation results in and around the follicles, the stagnant contents of which offer an ideal culture medium for whatever form or organism may happen to invade the process, as a result of which we have the secondary inflammatory changes seen in the papules and

pustules of acne. However, as the comedo is the essential element in the further development of the acneic process, its formation demands special consideration. The comedo is a product of an excessively active sebaceous gland, the function of which when acting normally is the secretion of sebum in just sufficient amount to properly lubricate the integument and hair. The sebaceous glands, while occasionally being independent, are for the most part appendages of the hair follicles.

One of the well-known physiological changes incident to the establishment of puberty, is the stimulation of the pilary system, and increased growth of the hairs of the body, the escutcheon and axillary growth develop; in the young man, the beard, and in the young woman the lanugo hair becomes more prominent, and I have frequently observed that in young women suffering with acne, the growth of lanugo hair is often particularly abundant. **Whatever is the agent, which during adolescence produces this marked activity of the pilary system of which the sebaceous glands form a part, is likewise the cause of their stimulation, the increased secretion of sebum, and the subsequent formation of the comedo. What is this agent of stimulation? While difficult of proof with our present indefinite knowledge of this subject, I nevertheless believe it is an internal secretion of the testicle in the male and ovary in the female**

The remarkable physical and even psychic transformations wrought in the organism with the establishment of puberty are familiar to us all, and quite analogous to the transformations observed in subjects of cretinism and myxoedema when thyroid is administered; reasoning from analogy there is ground for attributing to these organs an internal secretion which is responsible for the occurrence of adolescence and for all the physiological and anatomical changes incident thereto. The characteristics of the eunuch add further evidence, in whom the usual transformations do not occur, the accustomed development of hair does not take place and the skin is as fine textured as that of a child. The aggravation occurring with the establishment of puberty in that other somewhat related disease, adenoma sebaceum, lends further weight to this theory, as does also the almost invariable aggravation of acne in

young women during the menstrual period when the ovary is especially active.

The question may now arise as to why every one is not afflicted with acne, if it is due to processes incident to adolescence. The truth is, there are very few persons who attain and pass through this period without having at least an occasional comedo or pimple develop. The lesions may be very few, scarcely noticed and quickly disappear, in others the process is severe and chronic. This we may explain by the variable thickness of the epidermis in different individuals. The thickness of the skin varies considerably in different persons, as does also the rapidity of the normal process of epidermic exfoliation, and these two factors, a thick skin, and sluggish exfoliation interfere with the free exit of sebum, and contribute materially to the occlusion of the ducts, and formation of the comedo, and explain the predisposition of certain individuals to the acneic process. The frequent occurrence of dyspepsia, constipation and anemia in connection with acne, has naturally given rise to their consideration as causal factors. Admitting the possibility of their having an indirect bearing, and capable of aggravating the eruption once begun, it is quite impossible to understand how they could have any bearing upon the development of the comedo. Why these conditions so frequently exist in adolescents is not difficult to understand; the rapid growth and marked metabolic changes incident to puberty require rather more than the ordinary amount of nutriment, accordingly in the adolescent the appetite varies all the way from normally good to voracious, giving rise to frequent over-indulgences and indiscretions in diet, which result in the various gastro-intestinal disturbances. There is usually a marked craving for sweets of all descriptions, this is probably due to sugars or carbohydrates being fat-sparing and proteid-sparing foods, and the craving is doubtless physiological at this period. The fermentative changes, however, which they readily undergo, renders them an undesirable article of food. In my examination of the urine of acne patients, I have found in nearly every instance an excess of indican, showing excessive intestinal putrefaction and formation of toxic products. The development and absorption of these toxic products

from the intestinal tract is an active factor in producing the anemia, though the greater demands upon the blood and blood-making organs at this period may also have a causal relation in the production of the blood dyscrasia.

Certain observers, notably Gilchrist, Sabouraud and Unna, have studied acne from a bacteriologic standpoint, and claim to have isolated a specific organism as the true etiologic factor of the disease. That a microbic element is invariably present and plays an important role in aggravating or modifying the subsequent course of the disease, is granted by all; but the majority of observers seem unwilling to accept any specific organism as the prime cause of the comedo, and in this opinion I am led to concur.

Gilchrist has described a short thick bacillus, with branching forms in old cultures, which he has termed "bacillus acnes," and believes it to be the specific cause of the disease. He has also found the blood of the patient to agglutinate this organism in dilutions up to 1 to 100. Reasoning from analogy he suggests that the constipation, anemia and coated tongue so common in acne patients may be results of toxemia from infection with the bacillus acnes. Sabouraud ascribes to his micro-bacillus of seborrhoea the prime cause of the comedo, or rather that the comedo is a cocoon of the seborrhoeic bacillus, but he concurs in the opinion of most dermatologists that the pustule of acne is due to the secondary invasion of ordinary pus producers. Unna describes a mucin and pus-producing organism one-third to one-half micron broad by one and one-fourth to one and one-half microns long, as the specific cause of the disease, and considers the presence of staphylococci unnecessary in the production of the acne pustule.

I have made numerous cultures from acne lesions in all stages, using glycerine agar as a medium. The simple non-inflammatory comedo usually failed to give any growth, but occasionally the staphylococcus was grown. After inflammation set in this organism was frequently grown. The organisms found with greatest frequency in all lesions were the staphylococcus albus and aureus, and these of course are to be regarded as secondary invaders. From the descriptions of their organisms one can hardly believe the foregoing observers are describing

the same organism; if their observations and descriptions tallied more closely, the germ theory of acne would be easier of acceptance. Gilchrist's work has been largely with secondary lesions of acne and his "bacillus acne" might be a secondary invader and still be agglutinated by the blood of the patient. This merely proves there is an infection with this organism; it does not necessarily prove it to be the primary cause of the comedo, besides there seems to be no immunity to the patient against relapses, as would not be unreasonable to expect if acne were due to a specific organism which produced an agglutinin in the blood. When there are other plausible physiological explanations for the constipation, dyspepsia and anemia so frequent in acne, one can hardly believe them results of toxemia from infection with a specific organism; other infections capable of producing such constitutional disturbances also produce fever and headache, while acne is always afebrile and headache rarely complained of.

The co-existence of seborrhoea capitis with acne seems at first thought to lend weight to Sabouraud's theory. It is true we nearly always find dandruff with acne, but it is also true that the great majority of persons have more or less seborrhoea of the scalp, in comparison with which number the percentage of acne cases is very small indeed; with seborrhoea so unusually common it is but natural we would frequently find the two maladies concomitant. It is more common to see dandruff without acne than to see dandruff with acne, and when the two co-exist the seborrhoea usually persists long after the acne has disappeared. These facts incline one to disregard the seborrhoea as having an etiologic relation to acne. Acne is frequently observed among workers in tar and chlorine, these agents causing the acne by their stimulation and irritation of the sebaceous gland, producing artificially what the establishment of puberty accomplishes physiologically in the manner already described, and as Crocker has well pointed out, the production of artificial acne by these agents is rather against the germ theory inasmuch as they themselves are bactericides.

In treatment of acne vulgaris the mental state of the patient should be reckoned with. I have observed that the acne

patient is usually a mentally depressed patient and after going carefully into the clinical history of these cases, I am led to believe that this depression precedes the acne, and is more of a causal factor than it is a resultant of the disease, though undoubtedly the acne in turn aggravates the depression. The correction of this morbid mental state by properly directed psychotherapy has frequently proven of most decided value in bringing about recovery.

The acne patient must be encouraged and given assurance his malady is not incurable and that his skin will again become clear and free of its disfigurement, and this thought must be persistently drilled into the patient. It is really surprising how many patients having chronic acne regard their disease as hopeless or incurable and it is not hard to understand how such a state of mind helps to lower vitality and retard recovery. In addition to improving the mental hygiene of the patient the following are the indications to be met and the general line of treatment which has given me the best results.

First: The acute inflammation is to be subdued. While the general process of acne is chronic and requires stimulative treatment, there is, nevertheless, an acute inflammatory element to be first taken into consideration; one of the most common mistakes in beginning the treatment of acne is to employ stimulating remedies at once. Such procedure gives rise to fresh outbreaks by irritating the already over-stimulated sebaceous gland, whereas by using soothing treatment the over-active gland is quieted and tendency to new lesions is lessened. To meet this indication I generally employ a solution of aqua hamamelis with ten per cent. alcohol and one-half per cent. phenol added. Occasionally a saturated solution of boric acid acts well.

Second: Papules and pustules are to be opened and contents removed, comedones are to be carefully expressed, producing as little irritation as possible. No intelligent physician would think of treating abscesses or furuncles without opening and draining them, and it is just as important that careful and painstaking surgical measures be employed in the successful treatment of acne. Frequently physicians undertake the treatment of acne by merely prescribing some external and internal medication, whereas proper

surgical treatment is probably the most important procedure in the entire treatment. In opening the papules a mere superficial prick is insufficient, nothing but blood being expressed; by making incisions sufficiently deep one will rarely fail to find pustular or sebaceous material which may be readily expressed. Antiseptic ointments or solutions are also indicated to lessen tendency to reinfection with organisms on the skin.

Third: The epidermis is to be thinned. As the thick skin is one of the most active predisposing factors in the development of the disease, so in its treatment the overcoming of this condition is of great importance. For this purpose I employ a salicylic acid-resorcin ointment, varying the strength according to the particular disease in hand. The judicious use of stimulating and antiseptic soaps are also of value in this particular. I formerly employed the x-ray as an adjunct in the treatment of acne but I have convinced myself that I can get safer and more satisfactory results without it. True, the x-ray tends to shrink the sebaceous glands and lessen their activity but it also tends to render the skin permanently dry and harsh and occasionally this condition is quite distressing to the patient.

Fourth: Constitutional Treatment. There is no internal specific against this disease. The use of vaccines occasionally seems to improve the condition, but as a routine measure it is quite disappointing. Arsenic and calcium sulphid are sometimes beneficial, but often unavailing. Regulation of diet does as much good as internal medicine so far as any specific effect is concerned. Sweets, pastries and stimulants are usually detrimental. A glass of buttermilk with each meal has, in my experience, proven beneficial. I have observed improvement in the digestive function and a distinct decrease in the indican content of the urine after its use. Medication is to be directed to the correction of any abnormal conditions present, as indigestion, neurasthenia, constipation, anemia, etc. Intestinal antiseptics does more to improve the anemia than ordinary astringent iron preparations which seem often to aggravate the trouble; the peptonate or albuminate of iron I much prefer to the ordinary forms of iron.

Every acne case is, however, a law to itself and there is no cut and dried meth-

od of treatment. It is a stubborn malady with the best of treatment, nevertheless the application of the foregoing principles with care and persistence has given me a large percentage of cures in the cases I have had to treat.

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SOME KIDNEY COMPLICATIONS DURING PREGNANCY AND THEIR TREATMENT.*

By **Walter P. Glendon, M.D.,**

Bridgeton, N. J.

During pregnancy no part of the economy has a greater strain imposed upon it than the kidneys, and it is, therefore, not strange that their resistance should be lowered against invasion by infectious agents, and they often show evidence of breakdown during the period of gestation. The unusual experience, however, of six consecutive cases of kidney complications during pregnancy requiring radical measures for their control, give cause for deliberation and was the determining factor in the production of this paper. The cases present such similar features and are capable of such exact classification that I will divide them into two groups and give a composite description of their prominent features. The first patient was a young woman with a decided tubercular tendency, six months advanced in her first pregnancy. She resided in Trenton and started to Bridgeton in the morning with the expectation of remaining until the completion of her gestation. She was feeling as well as usual when she started, but during the journey down on the train she was taken sick and suffered during the continuation of the trip. She passed a very restless

*Read before the Cumberland County Medical Society, July 14, 1920.

night, vomited almost incessantly and suffered intensely with burning pain in the epigastrium. When I saw her first on the following morning, she looked very sick, being very restless and complaining of nausea and distress in the stomach, hypodermic of morphia gave her some relief, but on the following day she seemed no better and in the meantime I had secured a specimen of urine and found albumen present in large amounts, with a greatly diminished daily secretion from the kidneys. Realizing the gravity of her condition, I advised immediate removal to the hospital. After a consultation with one of my colleagues we decided that the pressing indication was to empty the uterus with the least possible delay, and after considering the different methods for accomplishing this end we elected hysterotomy as the safest and most expeditious method of terminating her pregnancy. She stood the operation well and for a time seemed greatly relieved but the kidneys failed to respond and death occurred the following day from complete suppression of urine. Case number two was a primipara and developed symptoms of toxemia in her sixth month with nausea and vomiting, and edema of the legs. Her pregnancy was terminated by hysterotomy after which she made a speedy and complete recovery. The remaining four cases of the series were so nearly alike that I will give a composite history of them. The leading symptom and the one for which these patients sought relief was pain. The pain was located in the right lumbar region extending around to the back and was severe and constant in character. This was soon followed by nausea and vomiting and elevation of temperature, in some instances reaching 104. There was headache with a dull expression of countenance and some of the patients were decidedly drowsy and stupid. Chilly sensations or a decided chill was observed in all of the cases at some time during the course of the illness. Loss of appetite with a coated tongue and constipation were among some of the digestive disturbances noted. Abdominal tenderness was a prominent symptom and was well developed in every case. It was most intense over the right rectus muscle at about the level of the navel and extended around toward the back. The right rectus was more re-

sistant than the left and rigidity of the lumbar muscle was pronounced. It was demonstrated at operation that the area of tenderness anteriorly corresponded to the location of the lower pole of the right kidney which is normally located lower than the left. The urinary secretion was diminished in quantity and cloudy in appearance and deposited a heavy sediment on standing. Microscopically the centrifuged specimen showed granular and epithelial casts, red blood corpuscles and pus cells. Albumen in small amounts was present in some of the specimens examined, although not constant. The differential diagnosis of these cases presented some complicated problems and the resemblance to acute appendicitis was so close that the true condition was not revealed until the abdomen was opened, when none of them showed enough pathology with the organ to seriously suspect it with being the cause of the trouble. The lesion being confined to the right side in every case made the problem more difficult to deal with. The history of pregnancy together with the urinary findings and location of the soreness in the region of the kidney led me to believe the lesion to be pyelo-nephritis most likely due to infection by the colon bacillus. This type of infection is said to be of frequent occurrence during pregnancy and various theories are advanced as to the cause, some believing it to be a hematogenous infection while other writers teach that it is an ascending infection from the bladder. In the former instance constipation acts as a predisposing cause and cystitis in the latter. It was a source of wonderment to me why the lesion was seemingly confined so exclusively to the right kidney, but the truth of this statement was proven at the time of operation, for in case the kidneys were palpated and the right one was very much larger than the left and occupied a very much lower position in the abdomen. The most frequent position of the gravid womb during advanced pregnancy is an oblique one with fundus resting in the right side of the abdomen and bearing this fact in mind, it seems very likely that the kidneys and ureter were subjected to enough pressure to interfere with its proper function and lower the resistance against the invasion of bacterial agencies. The treatment of this condition is a very im-

portant matter and might well be a subject for exhaustive debate. Some of these patients were treated medically and grew progressively worse and in the face of a situation so full of peril for the woman and the possibilities for such irreparable damage to the kidneys, in the event of recovery, I feel that the emergency should be dealt with by prompt and radical methods. The pressing indication is for the speedy termination of pregnancy. For accomplishing this end we have the choice of two methods, either the induction of labor by the use of sounds and dilators with the attending risk of infection and hemorrhage or hysterotomy and the latter was the method resorted to in the management of these cases. It usually requires from forty-eight to seventy-two hours to terminate labor after the introduction of some instrument into the uterine cavity and this delay in some cases would seriously imperil the life of the patient. Having had experience with both plans of treatment I have no hesitation in saying that it is my belief that hysterotomy is the best and safest operation when the end sought is the rapid termination of pregnancy. This was the plan of treatment in these cases and with the one exception they all made rapid and complete recoveries, and there seems to be no reasons why they will not be fully restored to their former condition of health, and I am sure that no plan of treatment would have given any better results. Some of these women having been treated medically and grown steadily worse seemed sufficient justification for deviating from the treatment recommended in the textbooks. The following technique was employed: Incision of the right or left rectus, beginning above the umbilicus and extending down toward the pubis, sufficiently long to permit easy delivery of the uterus. Before beginning the incision, however, the abdomen is scrubbed shaved and prepared in the usual manner. Skin painted with tincture of iodine and the operative field well protected with sterile towels. As the muscles are usually thin at their upper part care is necessary to avoid injury to the wall of the uterus which lies very close to the muscle and has a universal trick of getting in the way of the knife. After the abdominal incision is made a sterile towel is spread over the upper edge of the in-

cision for a special purpose, and as the uterus is delivered the assistant is instructed to pack the towel around the womb and in the incision to prevent prolapse of the omentum and intestines while delivering the womb. The uterus is now delivered from the abdomen and laid on the towel and other towels are placed around it until it is well protected all around, and above the incision. If these towels are well placed and properly managed by the assistant they will effectually prevent all soiling of the viscera during the course of the operative procedures. When it is necessary to direct attention to the appendix the right rectus muscle should be opened, for it is difficult to expose the appendix properly from an incision through the left muscle. vertical incision is now made in the mid line of the womb long enough to permit easy extraction of the fetus, which is rapidly delivered, the cord being ligated and cut and the child handed to the nurse for resuscitation, although in these early pregnancies the child does not long survive. The placenta is now detached from the uterus with gauze and fingers, special pains being taken to remove all of the bag of fetal membranes. There is usually free bleeding at this time from the uterine sinuses but that soon diminishes the necessary manipulations and the cavity is carefully cleaned of clots and debris with gauze mops. We are now ready to suture the uterus and sutures are placed in three layers. The first suture includes the muscular structure of the womb down to the endometrium but not through it and is of the continuous type, as are also the two following layers. The second row unites the peritoneal edge of the incision, while the third tier approximates the serous covering of the uterus and is the Cushing type of suture. For these sutures I use number two chromic gut, on a full curve round needle for the first two layers and for the last row I find that I can do more rapid work with a straight needle of the Keith pattern as it can be handled without a needle holder. After the last uterine suture is placed, I inject one ampoule of pituitrin into the musculature of the womb, placing one-half of the amount into each side of the incision. This I regard as an important practical feature of the technique because it diffuses the action of the drug and lessens the liabi-

lity for the development of limited contraction of the womb, with the attendant danger of hemorrhage and clot formation. I desire to emphasize the fact that the drug should not be injected until the uterine sutures are all in place for if given sooner the strong board like contraction of the muscle that immediately follow its use will make the suturing a very difficult and trying procedure. I made the mistake once and have good cause to remember the trouble I encountered in placing the sutures. The uterus is now massaged until the womb is firmly and evenly contracted, after which the abnormal wound is closed in the usual manner. Before leaving the table the stomach is washed out, after which a hypo of morphine 1-4 gr. is given and the patient is put to bed. For the first 24 hour period they get saline solution by the drop method and hexamethylemine as soon as the stomach will take it. In conclusion I make the following deductions for your consideration: Pyelo-Nephritis is a frequent complication of the later months of pregnancy and it is probably due to infection by the colon bacillus. In my own experience it is always confined to the right kidney and pressure of the gravid womb on the kidney and ureter is one of the determining factors of its production.

Some cases closely resemble acute appendicitis, but presence of pus and blood in the urine together with the location of the tenderness in the region of the kidney will serve to make the diagnosis clear. Hysterotomy is the safest form of treatment after the condition is understood. The continuous suture is more expeditious to place and as there are not so many knots its absorption is more rapid and the danger of infected suture material are thereby lessened. Pituitrin should not be injected into the uterus until the suturing is completed.

X-RAY AND X-RAY TREATMENT.*

By R. Winthrop Davison, M. D.,

Trenton, N. J.

The x-ray, like other inventions of the day, had its small and interesting origin, and it is a curious fact that many, and perhaps most great inventions, have been in the nature of accidental discov-

eries. Although it was known that a peculiar kind of rays existed, still the penetrating powers, and its useful possibilities were discovered by mere accident. While the rays bear the name of Roentgen, and the world gives to him much of the credit for the discovery; even he has disavowed the discovery of the x-rays. He was aware of the existence of a peculiar kind of ray emitted from an electrically stimulated vacuum tube, and so for a long time he had studied, with great interest, the researches of others.

To trace out all the events which made the x-ray possible would mean writing a history of electrical science, but for the present interest let us begin at 1858 when Geissler first made vacuum tubes. These tubes, slightly more perfected, are the ones used in the schools in classes of physics to demonstrate electricity passing through vacuum. Many of us will remember them and their beautiful play of colored lights. These tubes are egg-shaped, and Geissler knowing that air at a high pressure is a bad conductor of electricity, had attached to the tube a small air pump so that the air in the tube might be pumped out. At each end of this egg-shaped tube a brass rod ran into the interior, and at the ends of these rods were small round nobs. The outer end of these rods was connected to an induction coil. When the air was pumped out of the tube and the electricity turned on there was a faint glow in the tube which varied with the degree of vacuum.

In 1860 Hittorf discovered that by putting a magnet, or reflector, in the tube the rays could be deflected. In 1879 Sir William Crooks, while experimenting with tubes of very high vacuum noted that the glow in a low vacuum tube had entirely disappeared in a high vacuum tube and was replaced by a green fluorescence of the walls of the tube. To these new rays he gave the name of Cathod Rays. Cathod being a Greek word meaning negative, "or rays from the negative pole in the path of electricity."

The difference between the Geissler and Crooks tubes is, that in the Geissler tube of low vacuum, the tube lights up with a soft luminous glow, as the vacuum in the tube is increased, the current passes with greater difficulty and the luminous glow is replaced by a greenish

*Read before the Mercer County Medical Society.

fluorescence of the walls of the tube. When it has reached this degree of vacuum it is known as a Crooks tube and in it are produced cathod rays, and these rays are known as x-rays when they strike any solid object. Much of the credit for the discovery of the x-rays must be given to Crooks; for, unknown to himself, he was producing x-rays.

While once experimenting with a tube he found marks on some camera plates when developed, which very much resembled marks of a person's fingers. These plates he returned to the maker, saying they were defective. Could he have traced these markings on the camera plates to his tube he, instead of Roentgen, would have been given the credit for the discovery of the x-rays. All this time experiments with high vacuum tubes continued in various countries and by many scientists, and they too were producing the x-rays, and unaware of it.

It was in 1895, when Dr. William K. Roentgen at Wurzburg made his great discovery. While he was experimenting with a high vacuum tube, over the tube was a black cover impervious to ordinary light. He noticed that a paper covered with platino-barium cyanide fluoresced brightly, while the tube was in action. Roentgen realized that this fluorescence must be caused by some unrecognized force and differing from the cathod rays. Several days later Roentgen was working at his desk with one of the glass tubes when he was called to lunch. He laid the tube on a book and neglected to turn off the electrical discharge. It so happened, that under this book on which he laid the tube there were several camera plateholders loaded with plates. After returning from lunch, he took these plate-holders with the plates in them, loaded his camera and went out and took several pictures. When these plates were developed, he found a picture of a key appeared on them. This greatly puzzled him and he made a search for the key and found it between the leaves of the book on which he had laid the tube.

This discovery he followed up with other experiments with the strange light and using various subjects, such as a box with nails in it, and finding it would go through these substances, he then tried his hand and found, when the plate was developed, a shadow picture of his

hand. It was Nov. 8, 1895, that he made his great discovery, and in December he described it before the Wurzburg Medical Society, and in January, thanks to the newspapers, the new discovery was known nearly throughout the civilized world, and within a year it had become an important factor in surgical operations. Probably no inventor ever achieved world fame so quickly as did Dr. Roentgen. It will be 25 years this November since the rays were discovered and few discoveries have become so well-known or given so much of benefit to humanity in so short a time as has the Roentgen rays called by him x-rays, the x being taken from algebra and meaning the unknown quantity, and because he himself did not know what these rays were.

Treatment.—It is impossible to tell when x-rays were first used in the treatment of disease, but probably during the South African War—from 1902 to 1904. It has been an accepted fact that in all wars more die from disease than die from bullets, and it was noted that in cases where the x-rays were used to locate foreign bodies, the patient made a more satisfactory recovery than those who were not given this advantage. The progress was slow because the physicians, while recognizing its value, considered it an expensive luxury. Then, too, the apparatus was crude and ineffective, and not easily accessible. It was the old apparatus with the coils and mechanical vibrating interrupters. The transformer had not been thought of at that time. Consequently, the x-ray physician worked under disadvantages early because the patient was given x-ray treatment only in the last stages, when there was nothing else to be done.

A few doctors followed the suggestions learned from results during the war, and in 1908, with a more perfect apparatus, the doctors began to take up the study seriously. The results of x-ray treatment is then but a period of but 12 years and so does not stand the test of time; nevertheless, the work in the treatment line has been so satisfactory as to open up fields of wonderful possibilities.

Treatments are of two kinds—the open treatments, or those of the surface type and which can be seen, or the deep-seated treatments or those of the hidden type. Diseases of the skin responds

more quickly to the rays treatment because they are accessible to the full dosage of the treatment, and so absorb the rays more easily. These diseases can be studied through all stages of the treatment and the physician can know just what progress is being made.

In the treatment of deep-seated therapy, one must take into consideration that the skin, fat and subcutaneous tissues which cover the deep-seated disease are dense filters for the rays. They absorb most of the softer rays and allow only the hard rays to penetrate to the deep-seated growth. Many times small quantities of rays instead of destroying the growth, stimulate it to grow more rapidly. It is a known fact that the rays in small doses act as a stimulant, and in large doses are destructive.

X-rays are of three varieties: The alpha rays or 91 per cent. of the rays, the beta or 7 per cent., and the gamma or 2 per cent. The alpha rays are easily absorbed by the skin; many of the beta rays will be absorbed and only the hard gamma rays penetrate; therefore, the alpha rays have little or no effect on the deep-seated growths. The beta rays are about 100 times more penetrating than the alpha rays, the gamma rays are from 10 to 100 times more penetrating than the beta rays. For this reason we are deprived of the greater effect of the rays in treating deep-seated disease and, therefore, we must give what we call crossfire treatment, or in other words, treat several areas. Should we treat only one area with a dosage necessary to the deep-seated growth we would produce a burn.

Probably one of the most important diseases of which the Roentgenologist is called on to treat is cancer.

Cancer.—In treating cancer we must realize that success is attained only by the total destruction of degeneration of all the cancer cells present in the body of the patient. This principle also applies in surgery, but in surgery we cannot always remove all the tumor tissue. These cancer cells left increase very rapidly and also by auto transplantation cause secondary growths in other parts of the body. In treating with the x-rays, the proliferation of these cells is stimulated unless we are able to rapidly destroy all pathological cells. The degree

of absorption of these rays on the living cells depends on the species, the particular phase of its life cycle as well as the age and condition of the patient. Embryonic cells or cells as yet unseparated are very readily destroyed by the use of the rays, while there is only a slight reaction in the surrounding healthy tissue. The cells of the epidermis, and hair follicles, lymph cells and sex cells are readily killed by an amount of rays which would not effect the surrounding cells. Therefore, every precaution must be taken to protect these cells from the rays.

Absorption also depends upon the species of the cells, whether epithelial, connective tissue, or endothelial, and also upon the different varieties within each of these species. Normal connective tissue cells are less destructive than normal epithelial cells. Epithelial cells of the basal layers of the skin are less sensitive than those of the papillae of the hair follicles, although they are of the same species, but of a different kind. Again the tissue of a child is more susceptible than that of a grown person.

The above condition applies not only to the normal cells but also to the abnormal cells. Especially sensitive tumors are: lymphatic, sarcoma and epithelial type. On the other hand the squamous or fibrosarcoma, chondrosarcoma and fibromata in which there is much fibrous tissue are not easily effected by the rays.

Pathological action of the rays on the tumor is as follows: First, the rays stop the growths of the tumor before it destroys it, or it becomes harmless by metaplasia. Destruction of tumor cells is direct or indirect. In the direct, the cells undergo a necrosis. The cells and all formations are absorbed by phagocytosis.

In the indirect destruction, a degeneration of the cells precedes absorption. First there is a hypertrophy of the cells. Second there now begins a serous infiltration and an enlargement of the lumen.

An inflammation appears now caused by the infiltration of lymphocytes, and leukocytes, and there also appears new fibroblasts. These fibroblasts producing fibro tissue and breaking up the tumor cells mass into separate particles. The cell debris is cleared away by phagocytosis. By this pathological change the

tumor mass grows smaller and finally disappears, being filled in mostly by fibrous tissue.

Goiter.—The treatment of goiter by Roentgen rays is a major operation, and should not be attempted unless the physician is familiar with the disease as well as the technique and physiological action of the rays on the thyroid gland. He should have made a study of the physiology and pathology and the changes which take place in the glands, and he should have a thorough and comprehensive knowledge. Simply removing a portion of the gland and giving x-ray treatment in a trusting-to-luck manner is not treating goiter intelligently. Such a treatment in a short time may leave the patient worse than before.

First, it must be decided if the enlargement is causing systemic poisoning or whether there is some other disease present. The size of the thyroid is not always in proportion to the toxic symptoms, then too there may be other ductless glands taking a part in the goiter, and this may be a very active part. Then, too, in some cases of exophthalmis goiter which are of thyroid origin have the thymus hyperplasia also effected. In such cases when only the thymis is treated there has not been lasting results. Because the rays have a marked effect on the glands or epithelial cells, it is necessary that great care be taken in regulating the amount of the dosage.

In a large per cent. of all exophthalmis goiters not only the thyroid glands but the thymois glands, too, are enlarged. Such cases do not stand operation well, and for this reason the x-ray is advisable as it can be given in regulated doses, at various intervals, and stopped at any time. Treatment should be begun in an early stage in all cases and in connection with the thyroid, the thymis and ovaries should also be treated.

In the x-ray treatment, the first improvement noted is a reduction of the pulse rate. This decrease will be in about 90 per cent. of the cases, and it is one of the best symptoms we have to go by, far more important than the size of the gland itself. Usually there will be an increase of weight. Following these conditions there will be a general improvement in the patient's condition. When the hypersecretions are normal the treatment should be stopped; otherwise

there is danger of myxedema. The records show that practically all forms of exophthalmis goiters are benefited by ray treatment, and unless the case is too far advanced over 75 per cent. are cured.

The rays are useful in reducing over-activity of the thyroid gland previous to an operation, but when this anti-operative treatment is given the operation should follow within 4 to 6 weeks before the fibrous tissue formation has taken place. Should there be a relapse after the operation the rays should be used rather than another operation. Goiters in which other ductless glands are involved are benefited by the ray's treatment. Other goiters such as colloid, cystic, fibrous and nodular are not benefited by the rays. Goiters causing marked pressure without toxic symptoms and intra-thoratic goiters are not benefited by the ray treatment. The effect of the rays on goiter is that it produces an atrophy in the cells of all the secreting glands. The rate of this atrophy differs with the glands, but if we produce an atrophy in the cells of the gland, we accordingly decrease the secretion. In other words, we remove a part of the gland just as the surgeon does. We have a better control, and can stop when conditions approach normal. There will be a certain amount of atrophy go on after treatment is stopped.

In the treatment of goiter, just as in many other diseases, or in nearly all diseases, there should always be made an effort to find the focal infection before beginning any treatment. While this infection may not be the whole cause of the trouble, nevertheless, it adds to it and helps it along. Some times this infection is in the tonsils, again it may be in the teeth, but these are not the only source of infection. Many times when this infection is found and removed, the disease will clear up and there will be no more trouble.

County Medical Societies' Reports

ATLANTIC COUNTY.

Clara K. Bartlett, M. D., Reporter.

The annual meeting of the Atlantic County Medical Society was held January 14th, 1921, at noon, at the Hotel Chalfonte, Atlantic City.

The secretary and treasurer reported a membership of 116, with two associate members.

Dr. E. H. Harvey, chairman of the Committee on Health and Hygiene, reported that in

the interest of legislation, meetings had been attended in Newark and Trenton and that the Assemblymen had been visited in person. The clinics for tuberculous and venereal diseases have been well established. This committee was commended by the president for the good work done.

Dr. W. E. Darnall, chairman of the Library Committee, reported a modern, useful, working library of 2,000 volumes.

Mr. Joseph H. Gunn, a representative of the Welfare Committee of the State Society, then presented an outline of their activities. They have a legislative plan, the live issue of which is to repeal the chiropractic law that was passed last year. The purpose is not to prevent chiropractors from practicing, but to establish standard educational qualifications. The present plan is to pass a drugless therapy law fashioned after the Pennsylvania State law.

In addition to interest in legislation, the Welfare Committee urges that doctors take more active interest in the administration of the health laws of the State; that they seek representation on boards of institutions, which have directly or indirectly, to deal with matters of health; that there be closer co-operation with the State Board of Health. Further, the committee recommends the formation of professional guilds in every county, such guilds to include doctors, dentists, pharmacists and nurses. These guilds, working in harmony, would be a force back of any measure deemed necessary for the common good. He stated that nearly every county had already established a guild.

After Mr. Gunn's presentation of the work of the State Welfare Committee, the county society resumed its business. An amendment was passed, changing the date of the election of officers from January to November, but the officers not to assume their duties until January.

The following officers were then elected: C. H. Canning, president; M. G. Frank, vice-president; S. W. Clark, secretary and treasurer; Norman J. Quinn, reporter.

W. P. Conaway was re-elected a member of the Board of Censors. Permanent delegates to the State Society: David A. Berner, W. J. Carrington, H. T. Harvey and T. Senseman. Annual delegates: S. L. Salasin, R. E. Durham, D. B. Allman, E. F. Uzzell and T. H. Boysen. Alternates: R. Bew, A. C. Moon, N. J. Quinn, C. B. Kaighn and J. H. Mason.

CUMBERLAND COUNTY.

Elton S. Corson, M. D., Reporter.

The Cumberland County Society met at the Weatherby House, Millville, January 4th. A goodly number were present. The election of Drs. James Knowles of Millville and E. C. Lyons, Bridgeton, to membership raised the number of members to forty-two. Dr. Kauffman reported his attendance on the meeting of the State Welfare Committee, also the meeting of several members at Vineland to meet Mr. Gunn with regard to organizing a professional guild for the county. A committee was appointed to proceed with the work: An amendment to the Chiropractic bill, placing them under the jurisdiction of the State Board of Medical Examiners was discussed and ad-

vocated. Mr. Bram of the Dupont Chemical Co. had been invited to be present and discuss the New Cotton Process Ether. He said it had five advantages: (1), more rapid induction of anaesthesia; (2), less irritating; (3), smaller quantity—one-third to one-half; (4), patients recover more rapidly; (5), less post-operation disturbance. Several of the members have used this new process ether, but it was thought a general presentation of the subject before the society would be helpful.

Dr. A. J. Casselman, U. S. Public Health Service for New Jersey, discussed "The Standard Treatment of Syphilis." He said he had several times thought he had deduced such, but was compelled to modify it as he heard the experience of others. He, however, advocated beginning with arsenical preparations as soon as a diagnosis was established, and following with mercury treatment in ration of three to one; e.g., six arsenical, eighteen mercury. He would not advise the immediate treatment of any one apparently exposed, as there was apparent immunity with certain individuals. A lengthy discussion ensued. This paper with subsequent changes will be printed and sent out to the medical profession of the State. The next meeting will be held in Bridgeton, Tuesday, April 5th, at which we hope to have delegates from adjoining counties.

HUDSON COUNTY.

Wm. Freile, M.D., F.A.C.S., Reporter.

The third regular meeting of the society was held at the Carteret Club, Jersey City, on December 7th, 1920, with Dr. F. J. Quigley presiding. The regular business of the society was proceeded with, including proposals for membership; reports of committee, election of members.

The paper of the evening entitled "Man and the Endocrines," by Dr. G. K. Dickinson of Jersey City, was listened to with keen interest and was discussed by Dr. Hamilton Vreeland and Dr. William L. Pyle. We hope to publish this paper with this discussion at an early date.

Dr. Bassin, surgeon to Newark Rehabilitation Clinic, then addressed the meeting and told of the resources afforded by these clinics for rehabilitation purposes. He described the complete equipment and the facilities for correction work. He laid distinct emphasis on the point that the Rehabilitation Clinic was in no ways opposed to the welfare or inimical to the general practitioner; that its function was distinctly that of passing on certain injuries and conditions with the view of making the best possible correction thereof, and that the medical profession should not look at this clinic askance but should be inclined to be co-operative.

Dr. F. Albee spoke of the work that had been accomplished in the various clinics in the line of correction of deformities and the rehabilitation of defuncts. General Bryant, Commissioner of Labor, also spoke on the same thing and covered the ground thoroughly concerning the establishment of clinics for ex-soldiers and injured workmen. He spoke at length on the relationship of the compensation question effecting these individuals.

A motion made at the previous meeting that Act 2, Chapter 5 of By-Laws be amended to

read: "Dues shall be \$10.00 per annum," was put to vote and carried.

January Meeting.

The first meeting of the year of the Hudson County Medical Society was held at the Carteret Club on January 4th, 1921. Dr. F. J. Quigley presiding, called the meeting to order at 8.30.

Coincident with this meeting was the first issue of a monthly bulletin, which is to contain notices, reports and comment of interest to the members. Dr. Lewis Poole is the editor and Dr. William J. Sweeney is business manager. The legislative committee—Dr. Nevin reporting—reported that Mr. Wall, Counsel for the Society, is arranging a tentative bill to be introduced at the next session of the Legislature in reference to the Workmen's Compensation Act.

The Professional Guild Committee, Dr. B. S. Pollak reporting, pharmacists, dentists, nurses and M. D.'s of Hudson County met and organized. Dr. F. J. Quigley elected president; Dr. Armstrong, vice-president; Dr. Bishop, treasurer; Miss Shute, secretary; constitution and by-laws being drawn up. All M. D.'s, dentists, pharmacists and nurses eligible. The Membership Committee, Dr. F. Bortone, president, and the Public Health Survey Committee, Dr. G. K. Dickinson, president, both reported progress.

The Banquet Committee, Dr. J. Nevin, chairman, stated that they had set aside January 29th, 1921, as being the most suitable date for the annual meeting of the Hudson County Medical Society, and had sent out postal cards and requested an early return so that they might be able to judge probable attendance.

On the Bulletin, Dr. Sweeney, business manager, reported that 400 copies had been issued at a cost of \$30 for printing, and Dr. Poole, the editor, made a plea for personal notes and felt assured that there will be a larger issue for February.

Under communications, a letter was read from the Somerset County Society, making a plea for larger State Hygiene Laboratory, was read. Dr. S. A. Cosgrove moved that a similar letter be drawn up by this society, and on being put to motion was carried.

Dr. William L. Pyle told of his experience at the county court, where he was unjustly accused of having aborted a woman, and of being refused a vindication by the court. Dr. J. Nevin made a motion that a committee be appointed to see that Dr. William L. Pyle obtained a public vindication. Dr. J. Nevin was appointed chairman of this committee, in conjunction with Dr. G. K. Dickinson, Dr. Henry Spence, Dr. Howard Forman, Dr. G. Sexsmith and Dr. M. Sullivan.

The paper of the evening, entitled "The Spinal Reflex Diagnosis of Chronic Diseases," was read by Dr. A. C. Geyser of New York City. This interesting paper was discussed by Drs. Jaffin, Dickinson, Rector, Sexsmith and Quigley. The Journal will publish Dr. Geyser's paper at the first opportunity.

There are still about two hundred physicians in Hudson County eligible for membership in the society, and it is hoped that a large majority of these will be received into the fold within the next few months. The present membership amounts close to four hundred.

MIDDLESEX COUNTY.

Matthew F. Urzanski, M.D., Reporter.

A regular meeting of the Middlesex County Medical Society was held at St. Peters' Hospital, New Brunswick, N. J., on Wednesday, January 19th, 1921, Dr. G. W. Fithian of Perth Amboy presiding, about twenty members were present. The minutes of the last meeting were read and approved.

The following delegates and alternates to the State Society were elected: Delegates: Drs. Gruessner, McKiernan, Hults, Howley. Alternates: Drs. Voorhees, Naulty, McCormick, Silk.

The following committees were elected for 1921: Medical Ethics, Drs. McCormick, English, Sullivan. Business Committee, Drs. Naulty, Urbanski, Nafey. Professional Welfare, Drs. Howley, Hoffman. Silk, Brown, Van Dyke. Legislation, Drs. Howley, Forney, Henry.

A general discussion upon the subject of requesting several prominent men to read papers on special subjects followed: Dr. English suggested that the secretary write to Dr. A. Shnyder Clark of New York, also a member of our county society, and request him to read a paper in the near future. Dr. Fithian suggested that Dr. Edgar A. Ill be requested to read a paper on Radium Treatment.

In order to induce better attendance at the county meetings, upon motion duly seconded, the president was requested to appoint one member in New Brunswick and one in Perth Amboy whose duty it shall be to notify by telephone on the morning of each meeting the members residing in their respective cities.

The president appointed Dr. Nafey of New Brunswick and Dr. Naulty of Perth Amboy.

Dr. English reported that only one doctor of South Amboy, and two of Perth Amboy, had failed to pay their 1921 dues on time; that the other would be printed in the Official List soon to be issued.

A very interesting neurological case from the wards of St. Peter's Hospital was presented by Dr. Klein.

Dr. McKiernan reported a case of Abscess of the Epiglottis. Upon motion the meeting adjourned.

PASSAIC COUNTY.

Leon E. De Yoe, M.D., Secretary.

The January meeting was held on the 13th of the month at Odd Fellows' Hall, Paterson.

The meeting was addressed by Dr. Swann of the American Social Hygiene Association, the subject being "The Modern Diagnosis and Treatment of Syphilis." The lecture was illustrated by a film showing in detail the technique of the Wassermann reaction, spinal puncture and treatment, the obtaining of material for smears from the inguinal glands, and dark stage examination. The picture also illustrated the lesions of primary, secondary and tertiary syphilis.

In closing his remarks, Dr. Swann spoke of the opportunities of the general practitioner to aid in the educational crusade against venereal disease.

The death of our fellow member, Dr. Henry B. Hess, was reported to the society, and members were notified as to the time and place of the funeral ceremony.

There were nine new members elected at this meeting.

(Continued on page 67.)

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

NOTE.—The transaction of business will be expedited, and prompt attention secured if,—

All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to THE EDITOR.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review advertisements, or any matter pertaining to the business management of the JOURNAL are sent direct to THE CHAIRMAN OF THE PUBLICATION COMMITTEE.

OFFICIAL LIST.

Officers and Members of the Society.

Dr. W. J. Chandler, Secretary, has prepared and had printed the "Official List of the Fellows, Officers, Permanent Delegates and Members of the Medical Society of New Jersey, for the year 1921." It is sent to the members with this month's Journal. If any names are omitted it is probably due to the fact that their dues for 1921 have not been received by Dr. Mercer, the Treasurer of the State Society, as the rules of the Society require. It will be remembered that Dr. Chandler gave notice in two monthly issues of the Journal of that requirement and urged immediate payment in order to have the List complete.

The names will be printed in the Journal each month of new members and old members whose dues are hereafter received by Dr. Mercer.

LEGISLATION NEEDED.

The Welfare Committee of our State Society has given an immense amount of time and care in preparing a supplement to the present law of the State regulating the educational requirements for the practice of medicine. We bespeak for it the active support of every member of our Society, as it is a matter of vast im-

portance, not for other benefit to physicians than that it increases their efficiency, but vastly more for the safety and the welfare of the public.

SEND ON THE NEWS.

We are anxious to have the medical news of the State for publication each month in the Journal. Marriages, Deaths, the removal of Physicians from one address to another, the election of officers to County Societies are items that should be forwarded promptly. Members of the Society seem to forget that the Journal is the official organ of the State Society; that each member owns as much of the Journal as his fellow member. They fail also to remember that what they get out of the Journal is what they put into it.

So far we have received comparatively little assistance from members of the Society. We would like a variety of expression from the members rather than being obliged to accept several articles each from a comparatively few physicians.

Doctor, you should take a lively interest in your own medical Journal, remember it is trying to help solve your problem. Read every copy carefully and if you have something for the next or succeeding issue, don't fail to send it in at once. We want you to take active interest in the Journal. We want to serve you and we want you to help us serve the other fellow.

We take the above from the Illinois State Journal. It applies with equal force to our own New Jersey Journal.

WHAT MEMBERSHIP MEANS.

The man to whom the practice of medicine is a business rather than a profession may feel that he gets nothing practical and no pecuniary gain from membership in the Society, but he is in error. Insurance examination, both life and accident, play in small part in the physician's life. Membership in State Societies is a requisite for the position of examiner in all reputable companies.

Are you a member of the State Society? is asked every expert in medicoloical cases. The fraternal feeling engendered by fellow membership is productive of extended acquaintances and courtesy and yields a dividend of greater value than its mere work in dollars.

If there are good reasons for joining your State Society, there are better ones for taking an active part in its proceed-

ings. If you have views, proclaim them. A dumb man makes a poor auctioneer. If you want something done, do it yourself. A dead man cuts no ice. Get busy, make yourself a factor, your opinion worth while, your presence felt, but if you don't do any of these things, don't holler and say the Society is run by a clique, if you are not elected as the next president.—Rhode Island Med. Jour.

HINTS TO WRITERS.

Many a diffuse and ineffective speaker is a concise and effective writer. One means of attaining that desirable result may be described. When the subject is selected, write or dictate everything that may be in the mind or that may occur as pertinent to it. Then do three things. First, select a definite title or a clear definite text. Write it in clear large words; set it up before you on your desk; take your paper, a good blue pencil and mercilessly cut out everything that does not conform with the text. Ability to "follow the text" is one of the highest attributes of the human mind. Second, go over the various paragraphs that remain and arrange them in logical order. Third, go over what is then left and study each important word and select synonyms that will best express the thought in your mind.—N. Y. State Journal of Medicine.

Some writers are entirely too verbose; they seem to forget that they are not writing a volume when they send an article to a medical journal whose editor desires to give his readers variety and especially new thought and new methods of treating disease.

WILLIAM W. KEEN, M.D.

The dinner given in Philadelphia last month to Dr. William W. Keen on his eighty-fourth birthday anniversary was a brilliant affair and a fitting tribute to one of the most eminent American surgeons who has also been an active and able worker in medical and secular educational institutions, a devoted patriot in service to his country, especially in times of war, and a true and earnest Christian gentleman. The Editor considered it a great privilege to attend the dinner and express to Dr. Keen his heartiest congratulations and assure him that he was held in highest esteem by the members of the medical profession of New Jersey; the presence of many of them at the dinner was an evidence of that fact.

As the Journal goes to press the Editor is saddened by news of the death of Dr. Henry H. Janeway at his home in Riverdale-on-the-Hudson, on Feb. 1st., after a brave fight against the disease which he made his specialty some years ago—cancer—and in the treatment of which with radium he has had considerable success. He left New Brunswick some years ago to practice in New York City, but he has remained loyal to his old home by retaining his membership in the Middlesex County Medical Society, renewing it for the year 1921 only a month ago.

PHYSICIAN AUTHOR—DR. COLES.

We take the following extract from an excellent editorial in the Nov. 20 issue of the New York Medical Journal:

"One of the most famous American hymn writers was Dr. Abraham Coles, a staunch old Covenanter, who was born at Scotch Plains, N. J., on December 16, 1813, and died on May 3, 1891, at Monterey, Cal. (where he had gone for his health), after a distinguished career in the field of literature and medicine. 'Dr. Coles is a born hymn writer,' said John Greenleaf Whittier, the Quaker poet. 'He has left us a legacy of inestimable worth, some of the sweetest of Christian hymns. His 'All the Days' and his 'Ever With Thee' are immortal songs. It is better to have written them than the stateliest epics. No man living or dead has so rendered the text and spirit of the old and wonderful Latin hymns. Oliver Wendell Holmes, who, like Dr. Coles, was a physician, compared his hymns to the verses 'which John Bunyan sprinkles like drops of heavenly dew along the pages of Pilgrim's Progress.' Coles's hymns were praised with equal enthusiasm by Henry Wadsworth Longfellow, William Cullen Bryant, James Russell Lowell, William E. Gladstone, England's grand old man, and others." * * *

"'The Microcosm,' a long poem which was written for the century anniversary of the Medical Society of New Jersey, of which Dr. Coles was president at the time was published in 1881, together with his 'National Lyrics' and 'Miscellaneous Poems.' It took five editions to supply the demand for this book. * * Dr. Coles always linked medicine and religion and regarded his profession as a sacred one. How loyal he was to that profession amid the glow of literary fame

is shown in the 'Microcosm,' a physician's edition of which was published."

This sturdy old Baptist doctor was one of the most lovable of men personally. "I have always considered it a privilege," said Oliver Wendell Holmes, "to enjoy the friendship of so pure and lofty a spirit; a man who seemed to breathe holiness as his native atmosphere and to carry its influence into his daily life." For his literary work Dr. Coles received the degree of A. M. from Rutgers College; the Ph.D. degree from Lewisburg University, and the LL.D. from Princeton University."

FAULT FINDING PATIENTS.

Because you hear people finding fault with every other doctor in the community but you, don't get it into your head that you are escaping criticism. Remember that no matter how competent you may be a certain percentage of your patients will be dissatisfied with you and go to the other fellow complaining bitterly about you. You are not immune to criticism, whether for cause or not, even though the criticism never comes to your ears. Much of the fault found with you as well as others is without suitable foundation, for it is a well-known fact that ignorance as well as "general cussedness" often makes a dissatisfied patient for you as well as others, and such people deserve no sympathy when they tell their tales of woe. When a patient is encouraged to air his grievances against a fellow practitioner he is also being encouraged to retaliate against you at the first opportunity, and it seldom fails that opportunity finally offers for that kind of a patient to do you a bad turn. Therefore he should be discouraged in his faultfinding.—Indiana State Med. Jour.

MEDICAL CALLS AT THIRTY-EIGHT CENTS.

It is Impossible for a Panel Doctor to Do Justice to His Work.

As a sample of medical remuneration under the health insurance law in England we call attention to a letter in the British Medical Journal of November 15, by M. D., according to which a 7s (\$1.68) a year capitation fee works out at 1s. 3d (\$.30) for office consultantion and 2s 3d (\$.54) for home visits. The doctor therefor asks the pertinent question,

how much time can one afford to give for 1s. 3d (\$.30)? and drawing attention by way of contrast to the superiority of private practice, he replies that it is impossible for a panel doctor to do justice to his work. He therefor argues that if more adequate remuneration were paid which in part at least would be equivalent the doctor would give twice the attention to the work and also would take pride in the service rendered. In the British Medical Journal of October 4, 1919, is a letter signed by Dr. H. A. Watson, Worcester, according to which in 1916 the actual remuneration for visits and attendance worked out at the rate of not quite 1s. 7d (\$.38) a case.—Ill. Med. Journal.

"It is just as easy to go through life looking for the good and the beautiful instead of the ugly; for the noble instead of the ignoble; for the bright and cheerful instead of the dark and gloomy; the hopeful instead of the despairing; to see the bright side instead of the dark side. To set your face always toward the sunlight is just as easy as to see always the shadows, and it makes all the difference in your character between content and discontent, between happiness and misery.

MEDICAL EXAMINING BOARDS' REPORTS.

	Exam.	Passed.	Failed.
Alaska, Sept.....	1	1	0
Arizona, October ...	13	8	5
Colorado, October ..	24	20	4
Dist. Col., October...	20	19	1
Georgia, October ...	9	8	1
Montana, October...	11	10	1
N. Hampshire, Sept.	6	5	1
Rhode Island, July..	11	10	1
So. Dakota, July...	17	16	1
W. Virginia, July....	29	23	6
Wyoming, June	6	5	1

COUNTY MEDICAL SOCIETIES' REPORTS.

(Continued from page 64.)

UNION COUNTY.

Russell A. Shirrefs, M. D., Reporter.
About fifty members attended the meeting of the Union County Medical Society on the evening of January 12th at the Elks' Club house in Plainfield. Dr. H. D. Corbussier spoke on "Physical Therapeutics in Orthopedic Surgery," adding to the interest of his talk by the presentation of patients and the exhibition of lantern slides. Dr. W. P. Eagleton also addressed the society on the work of the State Welfare Committee, and urged the formation of a professional guild composed of doctors, dentists, druggists and nurses. (Such action had been taken by the society at its previous meeting). Twelve new members were elected, and one proposal for membership was referred to the proper committee. At the close of the meeting a repast was served.

Local Medical Societies.

The Hoboken Medical Society.

The Hoboken Medical Society held its regular meeting at the Union Club, Hoboken, on December 21st. Almost all of the members were present.

Dr. L. L. Lewis had a very interesting case which he described to the society. One of his patients passed a "fleshy mole" on December 19th, following a sudden attack of cramps with bloody discharge.

Dr. H. F. Von Deeston presented a case of "oedema neonatorum" which he had recently seen in consultation. The child was three months old and had a general oedema involving the legs, abdomen, chest and face. Examination of the heart and urine gave negative results. The blood contained nucleated reds. The patient died in a few days.

The speaker of the evening was Dr. Roger H. Dennett of the Post Graduate Hospital, New York City. His subject was "Infant Feeding."

After a brief resume of the history of infant feeding by the percentage method, Dr. Dennett made a strong plea for a simplified system which he claims will become the standard method of the future. Briefly stated, Dr. Dennett believes in simple dilutions of boiled milk and water, starting with weak formula and gradually strengthening them to the point of meeting the caloric requirements of the infant.

Jersey City Practitioners' Club.

The 192nd regular meeting of the Jersey City Practitioners' Club was held at the Cartaret Club on Tuesday evening, December 14th; all members being present except Dr. McLaughlin. Dr. Woodruff presided in the absence of Dr. Minor.

Following the regular business meeting interesting cases were reported by Drs. Axford, Cosgrove, Dickinson, Forman, Wallace, Pyle, Rector, Spence and Von Deeston. A ten minute demonstration of lip reading given by an instructor and two pupils from the League for the Hard of Hearing, was very interesting and was enjoyed by all.

The paper of the evening on "Post Operative Results" was read by Dr. Frank Bortone. It contained a plea for more conservative and conscientious surgical procedure and condemned the practice of operating on the chronic patient without a study from all angles of the case, and called attention to the fact that a poor result from such practice was not borne by the surgeon but by the practitioner.

An interesting discussion followed this paper from Drs. Cosgrove, Dickinson, Freile, Rector, Spencer and others.

The meeting adjourned and was followed by a collation provided by the host of the evening, Dr. Henry Von Deeston.—Hudson Co. Bul.

Associated Physicians of Montclair and Vicinity

Archer C. Bush, M.D., Secretary.

The society met at the Montclair Club at 8.30 P. M., January 24th, Dr. W. H. Areson, president, in the chair.

Dr. David M. Kaplan, Director of the Diagnostic Institute, Department of Neurology, read a paper on "Practical Endocrinology," which was discussed by Drs. George Draper, E. G.

Zabriskie and George Stagnell of New York City.

The next meeting will be on February 28th, when a paper on the surgery of the gastrointestinal tract will be read by Dr. William A. Downes of the College of Physicians and Surgeons, New York City.

North Hudson Physicians' Club.

The November meeting was held at the Hamilton Wheelmen Club House on the 29th. About forty members were present.

The feature of the evening was a paper on "Infant Feeding," read by Dr. Herman Schwarz, of Mount Sinai Hospital, New York City, which was discussed by Drs. Quigley, Kuhlmann and O'Gorman.—Hudson Co. Bulletin.

Summit Medical Society.

William J. Lamson, M.D., Secretary.

The regular meeting of the Summit Medical Society was held at the Highland Club on Friday, January 28, 1921, at 8.30 P. M., the president, Dr. Prout, in the chair. Present: Drs. Baker, Bensley, Bowles, Campbell, Dengler, English, Kraus, Lamson, Moister, Pollard, Prout, Reiter, Tator, Tidaback and Wolfe, and Drs. Jamison, Meeker and Beverlan of Summit, and Dr. Voge of Elizabeth as guests.

Dr. B. M. James of Bernardsville and Dr. H. L. Alexander of Summit were elected to membership in the society. Dr. J. L. Meeker of Summit was nominated for membership.

The paper of the evening was read by Victor C. Meyer, Ph. D., of the Post-Graduate Hospital of New York, on "The Diagnostic and Prognostic Value of the Chemical Examination of the Blood." Dr. Meyer emphasized the great importance of this field of research, and demonstrated by means of many charts how the diagnosis and especially the prognosis of many diseases can be determined by estimating the blood content of creatinin, urea, uric acid, sugar, CO₂ absorption and other chemical substances. He described the findings in diabetes, gout, nephritis, rheumatism, bichloride poisoning and other diseases, and showed how much more important a chemical blood examination is than a urinalysis.

The field covered by his address was so new and so technical that the discussion took the form of further questioning by the members present, with the deep realization that a valuable realm of research is being opened up in the scientific investigation of disease.

New Jersey Industrial Physicians Organize.

A permanent organization of the New Jersey Chapter of the American Association of Industrial Physicians and Surgeons was effected recently at 9 Franklin street by forty or more medical men who specialize in occupational diseases. Dr. Gordon K. Dickinson of Jersey City, a former president of the New Jersey State Medical Society, was elected president; Dr. C. B. Lufborrow of Plainfield was made vice-president, and Dr. Frank Pinneo of Newark was named secretary-treasurer.

The national association was formed six years ago, with twenty-five members. There are now more than 700. A national convention will be held later in the year at Boston. General Lewis T. Bryant of the Department of Labor and also of the State Rehabilitation

Commission, opened the meeting with an address, told of the equipment the commission has at the disposal of all industrial physicians, and urged closer relations between the commission and small clinics throughout the State. Colonel Fred H. Albee, chairman of the commission, reviewed rehabilitation and reconstruction from its inception during the war to its present state. He said he had traveled through Europe and through the United States recently, studying methods, and had found no state or country advanced as far as New Jersey. The secretary and one of the founders of the American association, Dr. Francis D. Patterson of Pittsburgh, explained the purpose of the organization. Dr. John M. Bassin, chief surgeon of rehabilitation, Newark clinic, also spoke.

Republican or Democrat—Physicians Should Taboo Party Politics.

(Illinois Medical Journal Editorial:)

Doctors should be more patriotic than partisan at elections. Doctors, like all others, should first of all vote as Americans, passing upon the issues that come before the American people solely with regard to the question whether they served the highest aims and ideals of Americanism. It is possible that in some elections party and patriotism may appeal to the same loyalty; this is especially true in national affairs. At other elections a strict party vote in some instances can be construed as nothing less than disloyalty to the public as well as to the profession.

Self-preservation is one of the first laws of nature. Medical men must stand together. The organized profession must have a clear-cut platform on things medical and must not hesitate to back it whether it is unpalatable to either of the old parties and their candidates. In the new order of things there is no longer to be considered the question of party brand. The slogan for the future should be: Does the candidate stand for radical medical legislation which is always un-American, destructive alike to the interests of the people and the profession. The editorial in this issue on the California and Oregon situation shows the general trend of the times in medical legislation. We ask you to read it carefully.

A candidate's views on national issues by no stretch of the imagination can be construed as fitting or unfitting him for office in a municipality or state or for membership in his respective legislature, but it is of vital importance to the people and the profession what views he holds on questions like the following:

- Compulsory Health Insurance. (Medicine subordinated to politics.)
 - State Medicine. (Medicine degraded.)
 - National Socialization of Medicine. (Medicine demoralized.)
 - Coercive Re-registration. Judicial power of revocation without judicial responsibility.)
 - Drugless Therapy. (Chiropractic—5% varieties of charlatans.)
 - Administrative. (Tin badge not judicial warrant for right of search; alcohol and narcotics.)
- All these are issues that reach into every home in the land, issues that enter into the daily life of man, woman and child and touch every human activity.
- They group together into one great issue

which is: Do we go forward or do we go backward?

The welfare of the profession and the masses of our people is knitted and woven into the fabric of the campaign against bolshevism and destructive foreign propaganda financed and fostered by agents of destruction.

Forces of reaction are making every effort to defeat the forces that stand for progress and for justice, and that hold forth the best hope for equal opportunity in our country.

The ideals for which we strive are not impossible of accomplishment, if we will wage a constructive fight against the election of any candidate for the legislature or for other office who is in sympathy with destructive propaganda.

To substantiate our contention we point to results obtained by the Professional Guild of Kings County, New York. This is an organization of physicians, dentists and pharmacists, into a compact professional protective association, with working committees in each assembly district.

In this organization personal political preferences are forgotten, the three professions directing their fire against all candidates, democrats and republicans alike, who express themselves in favor of compulsory health insurance and allied bolshevik schemes or who refuse to make known their position on these questions.

The physician and dentist in contact with his patient and the pharmacist with his customer, urge them in their own interest to aid in conserving the higher professional standards and professional efficiency of the doctor, dentist and pharmacist by voting against the candidates who favor such schemes as the guild may determine as obnoxious. As a result of this concerted campaign twenty or more candidates unfriendly to the three professions were defeated in New York last year.

Bill to Control Chiropractic—Senator Fletcher of Florida introduced a bill on January 6 for the regulation of chiropractic in the District of Columbia. The bill proposes to establish a board of five members, representing the various schools of the profession, for examination of applicants to practice chiropractic.

Mechanotherapist, Unregistered as Physician, Cannot Recover for Services.—The Missouri Supreme Court holds that under Missouri Rev. St. 1909, sections 8311-8315, making it unlawful and an offense to treat the sick without being a registered physician, a mechanotherapist, not being such, cannot recover for services rendered in treatment of ailments and diseases of the human body.—O'Banno v. Widick (Mo.) 220 S. W. 853.

Chauffeur Wage vs. Physic—Why the Medical Profession Should Organize.

Thomas P. Foley, chairman of the Contract Practice Committee of the Chicago Medical Society says, in the Illinois Medical Journal:

The following is taken from the payroll of the Municipal Contagious Disease Hospital:

- Assistant Medical Superintendent, \$150 (with board and lodging);
- House Physicians, \$120 (with board and lodging);
- Ambulance Surgeons, \$120 (with one meal);
- Bacteriologist (not a medical man), \$175 (with board and

lodging); Electrician, \$225; Ambulance Driver, \$150 (with one meal).

Ambulance Surgeons are on duty from 8 A. M. to 4.30 P. M. seven days per week. Above are salaries per month. The ambulance driver, after a four weeks' course in automobile mechanics and passing a State examination, draws more on the municipal payroll than the physician who spends four years in high school, two years in college, four years in medical school and another year as an interne. The City of Chicago evidently values the care of its automobiles at a higher rate than the care of the sick who come under the charge of ambulance surgeons.

Therapeutic Notes.

Colds.—H. Laveson gives the following as the most active general remedy in the treatment of "colds":

Liquor potassii citratis
Liquor ammonii acetatis
Spiritus aetheris nitrosi aa, 3vi.
Sodii benzoatis, 3ii.
Syrupi acidi citrici qs., 3iii.

Misce.

Signa: A teaspoonful in water every two hours.—Indianapolis Medical Journal.

Gargle for Relaxed Sore Throat.

Dr. H. A. Hare recommends the use of the following in this condition:

Tinct. iodi, f3i.
Potass. iodidi, 3i.
Spiritus vini gallici, f3i.
Aquæ destillatæ, q. s. ad., f3iv.

M. Sig.: Use two teaspoonfuls in half a glass of water as a gargle three times a day.—Practical Therapeutics.

Specific Diagnosis and Treatment of Lobar Pneumonia.—Dr. L. H. Spooner, in the Boston Med. and Surg. Journal, says that thirty per cent. of the cases of acute lobar pneumonia are due to Type I organism. An immediate diagnosis of type is essential for the early administration of specific sera. The use of polyvalent sera is irrational and unjustified. Careful use of Type I serum in Type I pneumonia is safe, and has reduced the spread of the disease process and the mortality to a sufficient extent to indicate its universal application.

Habitual Vomiting in Young Infants.—Dr. Marfan, holding that the treatment, at first, is the same whether the physician is confronted with habitual vomiting or with pyloric stenosis, the differential diagnosis often being impossible until after a certain period of time, says certain external remedies and some medicines must be employed along with the regimen of feeding. In the common form of habitual vomiting the treatment is limited to the employment of enemata of very hot water (104° to 105° F.), and the administration of certain antidyspeptic medicine, among which the subnitrate of bismuth occupies first rank. The following prescription is recommended:

Subnitrate of bismuth, gr. 2.
Sweetened mucilage,
Syrup, aa mils. 45.

Shake.

Sig.: One coffeespoonful, five to ten minutes before feeding, six times daily, or, then, four times a day, ¼ gram of subnitrate of bismuth given with the bottle.

If it is suspected that hyperacidity contributes to maintaining the vomiting, one may give, one hour after feeding, an alkaline substance (bicarbonate of sodium, citrate of sodium, lime water). Gastric ferments, such as rennet, have been advised and pepsin and papaine have been recommended.—Clinical Medicine.

Constipation in Old People.—A. J. Reppito recommends the following for old people, as it acts on the urinary as well as the digestive system:

Fld. ext. cascara.
Fld. ext. queen of the meadow.
Fld. ext. parsley root.
Tinc. senna.
Glycerin.
Water, aa, 3j.

M. Sig.: One teaspoonful in water three or four times a day, governing dosage by action.—Medical World.

Neuritis Due to Autointoxication.

Dr. G. N. Murphy, after suffering for nine months from neuritis, which failed to yield to various methods of treatment, prescribed by himself or other physicians, concluded that his trouble was due to autointoxication. He then formulated the following prescription:

Creosote, drs. 2.
Soluble iodine, drs. 2.
Turpentine, dr. 1.
Oil of cloves, dr. 1.
Menthol, grs. 10.
American oil, oz. 16.

Mix well by shaking and take one tablespoonful twice a day—night and morning.

This was followed, the first week, with a saline flush of the bowels each morning; after that, and during the remainder of the treatment, he flushed the bowels every alternate day. He also largely eliminated from the diet such articles as lean meat, eggs, cheese, rich pastries, pickles and highly seasoned articles, and drank about two quarts of water every twenty-four hours. Under this plan of treatment he made a good recovery.—Clinical Medicine.

Recurring Cholecystitis.—Dr. Einhorn holds that the treatment of recurring cholecystitis, with or without stones during the latent stage, has two objects: (1) to reduce stagnation of bile, and (2) to combat infection. The former is accomplished by drinking large quantities of water. Cures at Carlsbad, Kissingen, Vichy, Saratoga, or French Lick Springs combine the advantages of water, mild aperients, and restful surroundings, which are of benefit for establishing a healthy liver function. Frequent and small meals of wholesome food (mixed diet, with plenty of green vegetables and fruits) are likewise of much assistance in increasing the flow of bile. The infection is best combatted by urotropine, salicylic acid, salol, aspirin, and again by flushing the gastrointestinal tract with great quantities of water. Einhorn has found that glycerin given in tea-

spoonful doses, three times daily, exerts an antiputrefactive action on the bile. Patients who have been given this medicine furnish a bile that can be kept from one to two days without decomposition, while otherwise, the duodenal secretion after being exposed for a few hours in the air begins to smell badly and in about six hours develops a putrid odor. He prescribes, in this connection, the following:

Sodii bicarbon, 3ii
Glycer. pur., 3ij
Aq. dest., 3v.

M. Sig.: 3ss. three times a day, one-half hour before meals.

Antiseptic and astringent solutions can likewise be instilled directly into the duodenum, in order to exert a beneficial influence in this locally, which also has an effect on the biliary passages. Ichthyol (one-half to one per cent.) or argyrol in the same strength (blood temperature) can be thrown into the beginning of the duodenum in amounts of from ten to twenty c.c. daily or every other day while the patient is in a fasting condition. When biliary calculi are known to exist and give rise to difficulties through their migrations, olive oil administered in four to five ounce doses once or twice daily, has been believed to have a good influence on the passage of the stones. This can refer only to small calculi; but even then, the effect of the oil is problematical. Its action, however, is never harmful, and for that reason it can always be employed in appropriate cases.—New York Medical Journal.

Sodium Salicylate in Influenza.

Victor P. Jourdain, in a letter to the Medical World, says: The treatment of the majority of 750 patients suffering from influenza, including 38 cases of pneumonia and 8 of bronchopneumonia, that I attended during the epidemic of 1918-1919, with a mortality of but 1 case of influenza and 7 of pneumonia or bronchopneumonia was comparatively simple. One of the most important factors was complete rest in bed in a warm, sunny, well-ventilated room. By a "well-ventilated room" I do not mean that all the windows and doors were open; I believe that such a treatment in winter is not advisable. I mean a well-aired room with a temperature of 60° to 65°. Such a room adds comfort to the sick, and does not drain his reserve energy, which is so important during illness.

Medicinally I started with a course of calomel, giving ½-gr. pills every 15 minutes until 2 grains were taken, and followed three hours later with a large saline purge. And on every second day thereafter I advised another saline purge. For the headache and muscular pain I found that a tablet containing acetanilid, gr. 2; camphor monobromate, gr. ½; extract of hyoscyamus, gr. ¼; and caffeine citrate, gr. ¼, one tablet three times a day with a tumblerful of water did the work.

As a curative I prescribed a mixture containing:

Potassii citratis,
Sodii salicylatis, aa. 3ij.
Codeinæ phosph., gr. iiss.
Syr. tolut, et aq., q. s. ad f3ij.

M. Sig.: 3j every 3 hours with a full glass of water.

When the temperature came down, and their muscular soreness and headache subsided I advised the acetanilid tablet to be discontinued, and gave in its stead strychnine sulphate pills, gr. 1/30, one pill four or five times a day. I also advised the salicylate mixture to be taken every 4 or 5 hours. To patients that developed a troublesome cough and expectoration I ordered the following mixture:

Potassii citratis,
Sodii salicylatis, aa. 3ij.
Ammonii chloridi, 3iiss.
Heroini hydrochloridi, gr. ij.
Syr. tolut, et aq., q. s., ad f3ij.

M. Sig.: 3j every 3 hours with a glass of warm, sweetened water or milk, until the cough was less intense, then 3j every 4 hours.

Among the patients under my care, 5 per cent. developed pneumonia, and about 1 per cent. developed bronchopneumonia. These were somewhat more difficult to treat. As soon as I noticed a rapid breathing, with a quick tense pulse which suggested the onset of pneumonia, I continued the salicylate mixture, and ordered tincture of digitalis, 10 minims four times a day, until physiological effect, and then reduced the amount gradually. I also prescribed capsules each containing creosote carbonate, gr. 8, one capsule to be taken four times a day with a glass of water. When the bloody expectoration ceased I prescribed the salicylate mixture containing ammonium chloride, continuing the creosote carbonate with the addition of strychnine sulphate pills, gr. 1/20, one pill to be taken with each capsule. I also insisted on irrigation of the colon with 1½ pints of salt solution night and morning.

Dissolved Sulphur in the Treatment of Psoriasis.—Louis Bory, who has been studying the remarkable action of injectable sulphur in psoriasis, has modified his original formula and now uses the following:

Pure precipitated sulphur, 1 gr.
Guaiacol, 5 gr.
Camphor, 10 gr.
Eucalyptol, 20 gr.
Sesame Oil q.s. to make 100 c.c.

He begins with injections of 6 c.c. as a minimum dose and 10 c.c. as a maximum, an average dose being 8 c.c. The febrile reaction is seldom well-marked, and is not more durable than with the infinitesimal doses originally employed. The initial treatment of the outbreak of psoriasis comprises four or five injections, at a week's interval. He usually waits until after the second injection and until the eruptive elements have begun to pale before inaugurating the local treatment. The most effective local treatment is to paint the elements with coal tar every other day. With this treatment two injections of sulphur will often suffice, and nearly all psoriasis patients are discharged from the hospital within three weeks.—Medical Press and Circular.

Hospitals.

Hackensack Hospital Births: All records of this hospital were broken during the twenty-four hours of January 13, by the birth of nine children, including a pair of twins.

The Bayonne Hospital.

The Bayonne Hospital and Dispensary has recently opened a new power house and laundry, which has been in process of construction for the past year at an expense of approximately \$75,000.00.

A campaign will be launched in the near future to raise funds for a new wing to the present building and a nurses' home, there being an urgent demand for both additions. The present structures are inadequate to meet the increasing requirements.

The training school has a complete enrollment, consisting of thirty-two nurses.

The Surgical Service for December under Dr. L. F. Donohoe, and the Medical Service of Dr. A. C. Forman have been normally active.

The usual number of internes are on duty. They are Dr. Henry J. Fisher Jr., House Surgeon; Dr. Delmar Goode, Assistant, and Dr. James Hall, Junior.

The Pathological Department is becoming increasingly active and efficient.

Christ Hospital Notes.

Dr. Perry J. Manheimms of the Lenox Hill Hospital has accepted the vacancy in the laboratory. He is to have associated with him a technician. This department will receive great stimulation.

The x-ray department is being revamped. A secretary to Dr. Axford has been employed, and reports of x-ray findings will be rendered as is customary.

Through the kindness of Mrs. Henry Kohl an ambulance de luxe has been given to the hospital. It is a Pierce-Arrow wonder, delightful in its color, brown, easy in riding and making a broken leg a joy.

The interior of the hospital has been painted and brightened up, so that new patients first entering will not have the impression of gloom and become disconsolate. The slogan of the place is "The glad hand."

The training school has reached its full quota and is composed of a bevy of girls, both intellectual and earnest in their profession.

The Greenville Hospital.

The Medical Board of this Hospital has accomplished and put into execution a most unusual and gratifying act of devotion to their institution, which was in the form of a gift to their Board of Directors of a plot of ground approximating 132 feet on the Hudson County Boulevard and 100 feet on Stevens Avenue, a plot adjoining the hospital property. This will make it possible for the Board of Directors to erect the contemplated new addition to the present hospital building with its frontage on the Boulevard, an arrangement for which the Medical Board should be congratulated for its foresight and good judgment.

The Jersey City Hospital.

The report of this hospital for the month of November shows that the institution is extremely active, 803 patients being under treatment in the building and 2,410 attended to in the dispensary. Emergency treatments were 459 and there were 393 ambulance calls. There were 272 operations of which 96 were major. Deaths from all causes were 51.

The x-ray laboratory is now in operation, with a complete equipment for fluoroscopic and all varieties of plate work. Members of the Hudson County Society are cordially invited to visit and inspect this laboratory.

The monthly staff meetings are of a scientific character. The visiting physicians and surgeons of the different departments report interesting cases occurring during the preceding monthly service, and this results in discussions which are interesting and educational. It is anticipated that these meetings will be open to the profession generally, as soon as the facilities will permit.

North Hudson Hospital.

The recent dance given by the Alumni Association of the Training School was a great success.

The O. L. Auf der Heide Association donated \$250 to the Hospital Clinic, which will be used for more extensive equipment in the Dispensary.

The Clinical Society will meet on the second Tuesday evening of every month, following the meeting of the Medical Board.

The engagement has been announced of Dr. Dixon, former House Surgeon, to Miss Mazie Winter, one of the Training School graduates.

The hospital equipment was recently increased by the donation of a National 6-cylinder ambulance with a specially built body. This was used during the war by the Woman's Motor Corps of the North Hudson Red Cross Chapter. The money to purchase this ambulance was raised by the school teachers of North Hudson, the Italian Society of West Hoboken and the individual members of the Motor Corps. The formal presentation will take place at the hospital this month, as soon as the new garage, now being built, is finished.

Salem County Memorial Hospital.

Dr. James, secretary, reported for December: Patients in hospital December 1st., 22; admitted during the month, 42; accidents, 21; operations performed, 22; discharged, 37; deaths, 3; discharged, 37; births, 5.

Deaths.

HESS.—At Paterson, N. J., on January 12, 1921, Dr. Henry B. Hess, following a brief illness from pneumonia.

He was born in Bordentown, N. J., and went to Paterson with his parents when young. He was a graduate of the University of New York in 1917. He was a member of the Passaic County and the State Medical Societies.

MOREHOUSE.—In the New York Hospital, December 20, 1920, Dr. James T. Morehouse of West Orange, N. J., aged 63 years.

He graduated from New York University Medical School in 1893 and had been specializing in roentgen ray work for twenty-five years.

SMITH.—In Morristown, Dec. 13, 1920, Dr. Edwin Fayette Smith. He graduated from the College of Physicians and Surgeons, New York City, in 1876.

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ESSENTIAL UTERINE HAEMORRHAGE.

By **William A. Dwyer, M.D.,**
Paterson, N. J.

Uterine haemorrhage as a symptom may present a most difficult problem in tracing its source, yet there is no condition in which it is more important to make a correct diagnosis than in the various types of menorrhagia and metrorrhagia that present themselves to us for treatment. Briefly uterine haemorrhage may be divided into two classes. In the first of these a systemic or local condition is present to explain the bleeding; in the second, no discoverable cause for the bleeding can be found. This latter type we designate as essential haemorrhage. Functional bleeding is a condition of some importance. It occurs in a relatively large number of women, and often becomes serious enough to threaten the life of the patient. Yet in spite of its frequency and the necessity for its recognition and prompt treatment the subject is not even mentioned in the average text book on gynecology. The time is not far distant, however, when, with a better understanding of the action of the glands of internal secretion, idiopathic bleeding shall cease to be regarded as a symptom and shall assume its proper place in medicine as a distinct clinical entity.

In view of the fact that the origin of the haemorrhage is obscure it is not surprising that numerous explanations as to its possible origin have been advanced. Chief among them is Theilhaber's theory of muscular insufficiency. The fact that

the uterus is a muscular organ capable of contraction and relaxation gave rise to his conception of the uterus as a pelvic heart. This "cardiac" function is best seen during pregnancy and menstruation. When relaxed the plexuses of the endometrium and myometrium would be filled with venous blood and the arterial blood would easily gain access to the endometrium, in contracting, this blood—aided by the fact that there are no valves in the uterine veins—would be forced out of the uterus into the pelvic veins. In essential haemorrhage owing to the connective tissue overgrowth and changes in the blood vessels, the contractility of the uterus is impaired, and there results from this a venous congestion which causes the menorrhagia. In other words, the cause of the haemorrhage is a muscular insufficiency. Theilhaber's theory is a better explanation of the mode of the haemorrhage than it is of the cause of the haemorrhage.

The commonly accepted view, however, as to the cause of essential haemorrhage has been that of a connective tissue overgrowth, a fibrosis of the uterus and its blood vessels. The existence of this sclerosis has been regarded as the primary cause of the haemorrhage. As far as the presence of the connective tissue itself is concerned, it cannot play any very important role in the causation of the haemorrhage. While it is true that these uteri are increased in size, that the connective tissue is very prominent, and in some of the enlarged uteri with thickened walls the fibrous element forms the main bulk of the tissue present, yet it is likewise true that in women who have shown any signs of haemorrhage the same condition prevails. The musculature, blood vessels, and elastic tissue are the same in women who have not bled as

*Read at the 154th Annual Meeting of the Medical Society of New Jersey, at Spring Lake, June 16, 1920.

they are in women with haemorrhage.

Excluding sclerosis of the womb as a possible etiological factor there yet remains another possibility in the uterus and that is the action of the endometrium on the blood. The most striking thing about menstruation is the lack of coagulability of the blood. This is generally conceded to be a purely local phenomenon and not an expression of a similar state in the general circulation during the menstrual period. Whether this lack of coagulability in the menstrual blood is due to a dialytic action of the endometrium, or whether it is due to the generation of an inhibiting substance in loco makes little difference. It may be an important factor in the onset of the flow but can have but very little influence in the causation of profuse menstruation.

The trouble with these theories is that most of the work has been done along anatomical lines rather than along the physiological and clinical side. The anatomy of an organ is not always a correct guide to its physiology. This is especially true of the ovary in these cases of obscure bleeding. Here the ovary is entirely normal or atrophic. On the other hand large cysts of the ovary are frequently found in patients with perfectly normal menstruation. One can scarcely escape the conviction that the influence of the ovaries on menstruation both as regards its regularity and the amount of blood lost is dependant more upon their functional activity than it is upon their evident anatomical structure.

The function of the ovary is dependant upon the Graafian follicles and the corpus luteum. The follicles are always present in the ovary. They are there at birth, undergo a regular cycle of development, persist during the active sexual life of the woman, and may be found even after the climacteric. At puberty there is a mighty acceleration of follicular ripening probably due to the removal of the inhibitory influence of the thymus and pineal glands which atrophy at this time. Their restraining influence is taken up by the development of a new gland of internal secretion—the corpus luteum, which appears with the onset of menstruation and disappears with its cessation. In other words, at the extremes of sexual life, puberty and menopause, when essential haemorrhage is so common, the corpus luteum is in a state of unstable equilib-

rium. The function of this new gland of internal secretion is no longer an unknown quantity. Experimentally and clinically we know that it does regulate the periodicity of the menstrual cycle. It prolongs the sexual period, the interval between two successive ovulations, by preventing a rupture of the follicles. Furthermore, it has a definite span of life. If this span of life be prolonged, by pregnancy for example, degeneration of the corpus luteum does not take place, the follicles are prevented from rupturing and amenorrhoea results. Absence of menstruation is also a characteristic symptom of corpus luteum cysts where there is a persistence of the lutein cells. Conversely then, an early degeneration of the corpus luteum ought to result in menorrhagia or metrorrhagia. Or to put it differently, stimulation of the corpus luteum ought to produce a profuse, or prolonged period. We find evidence that this is so in the clinical history of these cases of idiopathic bleeding. By far the greatest number and the worst cases of essential haemorrhage are found in the fourth decade, the time of life when degenerative processes in the ovary are most marked. The next greatest number of cases is found at puberty, just when the whole endocrine system is adjusting itself to changed conditions and the corpus luteum is beginning to assume its function and beginning to correlate the stimuli of the other glands of internal secretion.

In the early stages of their life the corpora are one of the factors initiating growth processes in the uterine mucosa by means of an internal secretion. These proliferative phenomena are the premenstrual changes in the uterine mucosa and are almost identical in character with the changes we find in the mucosa in essential haemorrhage. In this latter condition the mucosa is thickened and velvety. The glands are numerous, often tortuous, and many of them cystic, a rather characteristic finding in the mucosa of the bleeding cases. The stroma shows swelling and edema of the cells and also a varying amount of interstitial edema. In addition there is usually a moderate congestion with fairly marked dilatation of the veins. The mucosa of course is not the cause of the bleeding. The same etiological factor that produces the haemorrhage is responsible for the

change in the lining membrane just as it is responsible for the premenstrual change in the endometrium of the normal uterus. In view of these facts it is natural to assume that the same factor is active both in normal menstruation and in these cases of bleeding.

While the corpus luteum is the main factor in the production of the haemorrhage, yet it is not always the primary factor. The corpus luteum is a gland of internal secretion and as such is united most closely to the rest of the endocrine system. From experience we know that the hormones of certain ductless glands either inhibit or stimulate ovarian internal secretion. For instance, hyperpituitarism causes amenorrhea; hyperthyroidism is usually accompanied by amenorrhea, while hypothyroidism is often associated with uterine haemorrhage. In other words, increased activity of the thyroid gland leads to decreased activity of the internal secretion of the ovary and decreased activity of the thyroid gland results in hyperfunction of the ovary. Quite rarely in the early stages of Grave's disease, acromegaly and after thyroidectomy for goitre transitory menorrhagias and metrorrhagias occur. The most far-flung effect of all, however, is seen in castrated animals where removal of the ovaries is associated with changes in the other glands of internal secretion. Any break in the chain then whether it be primary in the ovary or come from some of the other glands may result in essential haemorrhage.

Unfortunately both for diagnosis and treatment our present knowledge of internal secretion is too vague and the problem too complex to expect any material aid from the use of organotherapy in these cases. Good results have been reported from the employment of a number of the glands, but as might be expected, the results are inconstant. Drugs offer no help at all. Locally all sorts of treatments have been attempted in order to check the bleeding. Of these the most frequent and the most abused has been curettage. Scraping off the lining membrane of the uterus in these cases can do no good and often aggravates the condition. The curette has an exceedingly small place in modern gynecological practice and should not be employed at all in essential haemorrhage, except possibly for diagnostic purposes.

If after a thorough trial of the various glandular extracts, both alone and in combination, the haemorrhage persists then the treatment narrows down to one of two things, either the uterus must be removed or radium or the x-ray must be employed. Either course offers a cure. Either course puts an end to the reproductive career of the woman. Which course will be pursued in a given case must be decided by the physician and the patient. In the majority of cases radium is the method of choice.

In Conclusion.—The uterus is a passive agent in the production of essential haemorrhage; the active causative factor is the corpus luteum whose activity is due either to stimulation or to disfunction of the gland. At the present time owing to lack of definite knowledge of the action of the glands of internal secretion we are obliged to resort in our treatment either to hysterectomy or to a destruction of the follicular apparatus by radium in order to cure the condition.

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DISCUSSION.

Dr. Edward J. Ill, Newark: I am very glad to have heard this paper, for it opens up a subject which has been under discussion for a long time, and about which we know just as much now as we did some years ago. I am well aware of there being at least one form of essential uterine hemorrhage. It is that in young girls, who start bleeding and bleed for months and months, no matter what is done and then stop for months and months. I have talked with prominent gynecologists all over the world, and have found none who had an adequate explanation to offer.

The question of the corpus luteum's being at fault is worth study, but do not let us forget that the ovule ripens first, and that the corpus luteum is a secondary matter.

I entirely agree with the reader of the paper that curettement has been very much overdone. At the same time, it is an exceedingly valuable adjunct to our armamentarium. The curette on the other hand, does more harm than any other instrument, almost, that we have.

The doctor spoke of the second decade as being the most common time for essential hemorrhage. I cannot agree with that, because the fourth decade is the time when the organs have been receiving the highest amount of abuse. Then the change in the blood vessels at that time of life may be a factor. I have removed such uteri; and on cutting the uterus, the blood vessels and arteries would stand right out. Their thickness was four or five times the normal. This was a definite cause for bleeding and retraction of the blood vessels failed. Very frequently, in displaced uteri, when I do a suspension operation, I remove the corpus luteum. I watched these cases, to see what the results would be in the next few weeks. There was absolutely no change at all, so far as I could see. I hope that the reader of the paper will elucidate that, if he knows of any similar experience.

I believe that radium acts in cases of chronic interstitial metritis by destruction of the primordial cells of the ovary. During the last few months we have done extensive work along that line. The menopause symptoms in these patients have been very severe. We must be careful, in treating these cases with radium, for it is capable of producing conditions as bad as the disease. I believe that, with the exception of these young girls that I speak of, all these cases of hemorrhage can be made out to be anatomical and not produced by the functional disturbance.

Dr. Philander A. Harris, Paterson: I am impressed with the value of Dr. Dwyer's paper for it gives in terse expression so many important points pertaining to the physiology and treatment of such conditions, and details the art and practice of gynecology in its relation to such cases as it is best practiced today. It was my misfortune not to arrive in this assembly room until after Dr. Dwyer was partly through with the reading of his paper and thus I do not know what he has written regarding the metrorrhagia and menorrhagia occurring in young girls, a subject referred to by Dr. Ill, who opened this discussion on Dr. Dwyer's paper.

I have found the curet of but little service in the treatment of such cases. The proper employment of radium is undoubtedly our most efficient treatment of these cases, particularly when the loss of blood has been long continued and a pronounced secondary anemia has developed in consequence. Whilst radium would appear to offer more promise of a cure than any other single remedy, in its employment, much attention is required to insure relief without getting an over dosage of emanations. I have not had a case of continued amenorrhea following the use of radium, in the case of any girl thus treated, but I am told that such misfortune has more than once followed radium emanations given in young females for the cure of excessive bleeding from the uterus.

Dr. Ill: I did not say anything about the dilation. I said chronic thickening of the wall of the blood vessels, and not dilation.

Dr. C. Everett Field, New York City: My sole desire in discussing Dr. Dwyer's paper is to direct attention to certain types of uterine hemorrhage wherein radium applications have proven of interest. The classification presented today develops several important channels for investigation. I would direct your attention to the occasional history of the excessive hemorrhage in a young woman who has been subjected to the usual methods of control with utter failure as the result. Even though such a patient is an undesirable risk, complete removal of the uterus may be considered. If there is any means at our command to give aid without hysterectomy it should be recognized. With no desire to take from surgery its full place, we believe radium therapy should be advocated before the knife is resorted to. During the past four years at the Radium Institute of New York, we have been permitted to check up the results of radium in a series of some seventy cases; of these there were eleven occurring in young girls of ages varying from eighteen to twenty-three years. As a rule hemorrhage was controlled following a single intra-uterine application of radium. The average dosage consisted of seventy-five milligrams, tandem applicator, carrying a metal screen of .05 m.m. gold covered with 1 m. m. hard rubber, period 8 hours. A typical case was Miss M. C.—18 years—referred by Dr. LeRoy Brann from the Women's Hospital. History showed curettage had been adopted three times with no avail. Patient reported in a condition almost exsanguinated. Blood count taken on admission showed red cells at 2,800,000 with white count 7,000. Removal of the uterus had been considered. Five days following the application of radium hemorrhage stopped. Two months later a fairly normal menstruation occurred. About eight months later there was a ten-day period of flooding and another treatment was given. Since then, now over two years, there has been no further trouble. Final count 4,800,000 reds, 9,000 whites. Some of the cases described by Dr. Ill, in which he found the blood vessels dilated, are just the type for radium. The very first action of radium is to produce a contraction of the blood vessel. This it does, promptly and quickly. There is another important phase of such a discussion, evidenced by the opinion of such gynecologists as John Clark, Howard Taylor and I believe the pioneer, James Corscaden, who urge that uterine body be left alone and radiation be made over the ovaries. They think that they get a better contraction in this way than they do by a direct intra-uterine application. Such treatment, however, may play havoc with normal ovarian function.

No one had proved that the intra-uterine application of radium permanently causes sterility in a young man. In two months later to two year we get a return of menstruation. We have several cases where there has been child-bearing after intensive radiation over both uterus and ovaries. The ease and safety with which radium can be applied makes it an ideal adjunct for the surgeon. A comparatively small

amount of radium is necessary; tubes containing from 25 to 50 milligrams have been used with splendid success. The period of application of the smaller tubes should be relatively longer. In such treatments I find no unpleasant symptoms following the use of radium. In advocating the general use of radium we should speak guardedly; the enthusiastic radium therapist often overstep the bounds. Radium now and then seemingly does startling things. Its failures are equally startling. Radium is now generally accepted throughout the world, as a useful remedy in many forms of malignancy, but there it should only be advocated as adjunct measure, in support of the best efforts of early surgery.

Dr. Dwyer, closing: With regard to Dr. Ill's statement of the chronic thickening of the bloodvessels, it is perfectly true that this condition does exist. Geist, who has done a great deal of work along this line, examined the uteri of forty-five women operated on for sclerosis of the uterus, for recurrent essential hemorrhage; and the same material from other women, dying of infections or operated on for other surgical conditions, and dying. He reached the conclusion that there was no difference between the uteri of the women suffering from sclerosis and those of women of the same age and status who had died from other conditions. If you examine the uterus of a woman of forty-two or three years of age, who has given birth to children, you will probably find the same standing out of the bloodvessels as in the women in whom the uteri had been removed for sclerosis.

FOCAL INFECTIONS IN RELATION TO EYE DISEASES.*

By W. D. Olmstead, M.D.,

Trenton, N. J.

The premises in the science of medicine on which we build our theories are ever changing and that which we learn and believe today, we must frequently forget and discard tomorrow, and the knowledge of this fact makes us slow to accept new theories and teachings. And so it has been with the ideas and teachings advanced concerning the relation of focal infections to body ailments.

We had little real basis to work on until the early work of Hastings in recognizing the necessity of close co-operation between the laboratory work and the clinical work and his demonstration of the value of the complement fixation tests in determining the presence of the viridans group of the streptococcus gave great impetus to the subsequent investigations along this line. The subsequent

work of Billings definitely proved his contentions, especially in reference to the relation of infected teeth to acute and chronic articular rheumatism. The scope of the work was increased by various investigators, to take in various parts of the body that might be the seat of these masked infections with the result that today we look upon the teeth, the tonsils and the intestinal tract as the chief sites of the focal infections that we consider in relation to eye diseases.

Toxemias in the past have been studied and considered mainly in relation to general diseases, such as articular rheumatism, heart and kidney diseases, and as such have been of interest to the internist, and in relation to the various psychoses and have consequently been of keen interest to the psychiatrists and in fact one of the most ardent disciples of focal infection work, and one who has blazed the way, so to speak, and has secured and reported such brilliant results as to largely revolutionize the viewpoint in that branch of medicine that has held out so little hope to its victims, has been Dr. Henry A. Cotton, who, by the aggressive and painstaking work of his co-workers and himself has put the N. J. State Hospital in the forefront of focal infection research in this country.

The thought of focal infections being the cause of eye diseases developed more slowly either in their relation to general medicine or in psychiatry, although isolated workers reported observations from time to time. For instance, as early as 1885 Porter suggested the possibility of irido-cyclitis being due to infected tonsils. The splendid contribution of Rose now on the selective localization of pyogenic organisms in the various tissues of the body is second only to the epoch-making earlier work of Hastings. This was followed by experimental and clinical investigations of Brown and Irons in 1916 and Wescott, Haskins and Harrison all presented articles of real worth on this subject, but it remained for Bell of New York, with whom it has been my good fortune to work, to so clearly present the subject from a clinical standpoint, as to give it its greatest impetus forward, and I feel safe in saying at this time that excepting trauma, venereal infections and congenital anomalies, we can or will eventually prove every disease condition of the eye to some one or more

*Read at the 154th Annual Meeting of the Medical Society of New Jersey at Spring Lake, N. J., June 16, 1920.

of the three recognized sources of focal infections.

There are certain axioms that must be accepted before one can successfully prosecute this work.

Firstly, in every eye condition presenting itself to you, you must regularly and routinely make a careful and painstaking examination of the teeth, then the tonsils and then ascertain the true state of affairs in the gastro-intestinal tract with especial reference to the diet.

Secondly, we must absolutely recognize our dependance on the clinical findings and x-ray laboratories and make ready use of them in every case and be largely guided by their findings, endeavoring always to have the laboratory and the clinical findings co-relate.

In examining the teeth we aim to be as thorough as possible and inspect the mouth, palpate the gums and then radiograms of all the teeth and especially pivots and bridges. At this point, let me say, that from our clinical work, we are convinced that modern dentistry, by the use of fixed bridges, arches and pivot teeth, has done the human race inestimable harm and frequently damage of an irreparable nature. To my mind the greatest constructive work that Cotton has done in the field of focal infections, has been his insistent condemnation of the practice of putting bridge, crown and pivot work in the individual's mouth. We can't condemn such work too strongly and the more we know of it the less will we think of it. Hans Thoma of Harvard has emphasized this point very clearly in his work, particularly would he not sanction such work until a careful x-ray examination, reveals the true condition of the apex of the root. I want to emphasize right here, that no tooth can be pronounced good and sound until your clinical findings are verified by the radiograms.

We are frequently led astray by a negative x-ray and clinical finding concerning the condition about some tooth that is really causing the eye condition we are consulted to treat. We have had cases that illustrate this point, where a recurrent conjunctivitis or episcleritis that at first failed to clear up after teeth or tonsil conditions were corrected, that were plainly indicated and which finally cleared up when a tooth was extracted by mere chance that showed marked

granuloma about it. I've seen several such cases. All pyorrheal conditions must be looked upon with suspicion, as much toxic matter may be absorbed from such infected areas.

Many cases of recurring chronic conjunctivitis and episcleritis may be directly attributed to this condition. Case 1—G. L. had been treated for several years past for chronic follicular conjunctivitis by two oculists at various times. Both men attributed the condition to an error of refraction and each prescribed glasses and when seen by me the patient had six pairs of glasses these men had prescribed for him at different times, without results. He expressed surprise when I examined his teeth and tonsils, as no one had ever suggested doing such a thing before. He had a marked case of pyorrhea and two suspicious looking capped teeth. The x-ray showed apical abscesses of both teeth and they were promptly extracted and the pyorrheal condition cleared up by careful treatment of a good dentist and the chronic conjunctivitis immediately responded and has not returned after a period of twelve months.

We might go on and cite case after case of diseases of the eye, that respond promptly when the foci of infection in the teeth are cleared up, and we often find that while the teeth are the chief offenders, that associated conditions in the tonsils and gastrointestinal tract must be cleaned up before we get the desired result. Dental and tonsil infections may cause trouble in any part of the eye, but the conjunctiva, coroid, iris and cornea seem to be the parts most frequently affected. The methods we may adopt to prevent these serious diseases from arising consists chiefly in instructing children in the schools as to the necessary of mouth cleanliness and the proper and daily use of a tooth brush and the regular examination of the teeth and tonsils of all school children, as a part of the school medical inspection, and the correction of dental and tonsil defects at the time. By doing these things we definitely anticipate trouble and undoubtedly save the individual much suffering later on in life.

Another very necessary step is to convince the bulk of the dental profession of the vast harm they have done and are continuing to do, in placing the expensive crown, bridge and pivot work in people's mouths as well as amputating an infected

root apex instead of extracting the offending tooth, for, one may ask, by what power of intuition can they tell at what point, from an x-ray plate, the diseased area stops and the healthy area begins. They must be shown that only by being radical can they be conservatism, as far as the patient's welfare is concerned.

The tonsil, the second of the trinity of focal infections, has long been looked upon as a real source of many diseased conditions in the body, but I don't believe we truly realize even today the real extent of their devastating work. By virtue of their location, they cause many of the more serious disease conditions of the eye and it becomes our bounden duty, when examining a pair of tonsils, not only to inspect them casually but to use in every case a tonsil pillar retractor, which will frequently reveal infection that does not show on the surface. Of equal importance is to take smears from these infected tonsils and have them examined to ascertain the variety of organisms causing the infection. The organisms more frequently encountered are the streptococcus viridans, streptococcus hemolyticus, staphylococcus albus, pneumococcus, colon bacillus and the Conellian King diplococcus, a gram negative organism, which is a rather constant factor in these tonsillar infections.

It is a well recognized fact that any tissue that has pockets that prevents free drainage furnishes an ideal site for a focus of infection and the tonsils, by virtue of their histologic structure and their location furnish a fruitful source of toxæmia. As King says, the crypts of the tonsils contain cell debris and frequently particles of food; if the opening of the crypts become closed this matter becomes putrid and laden with bacteria, and either by direct extension or through the toxins generated they produce their results in other parts of the body. Wood, in an experimental study has proved that the streptococcus and other organisms can enter the blood through the medium of the tonsils and produce infections elsewhere in the body. When we find tonsillar involvement there is only one remedy and that is a careful and complete enucleation of the tonsils. I would, at this time, like to emphasize that careful tonsil work requires great skill and special training and is not the easily done operation that many physicians hold it to be. Be it said with shame to our pro-

fession, there has been more absolutely crude and incompetent surgical work done on the tonsils than any other part of the body, and we should remember that one of the requisites to success in this work, when the tonsils are involved is clean and complete enucleation, leaving none of the infected tissue behind, and at the same time preserve the faucial pillars intact. Case 3 illustrates well the amount of suffering and remote infection that badly infected tonsils can cause.

Case 3—L. A., female, age 44, was referred to me by her family physician for a recently developed eye condition. I found she had been confined to her room for 14 years with chronic rheumatic arthritis, with frequent acute outbreaks and as a result was a helpless, constant suffer. Five days before I saw her she developed a "sore eye" as she expressed it. Examination at the time of my visit revealed a purulent discharge from left eye and a large phlegmonous ulcer over entire internal lateral half of cornea with contents of anterior chamber cloudy and iris fixed. Pain was constant with lacrimation and photophobia. I examined her mouth and throat, a procedure, in spite of her rheumatic condition, no one had done before, and found several loose teeth in a bad state of decay and marked pyorrhea alveolaris and gingivitis and a pair of submerged, badly infected tonsils, from which pus actually flowed when the pillars were retracted. Culture of the tonsillar infection and the eye discharge both showed streptococci of the haemolytic variety. Within 24 hours there were pus in the anterior chamber and the corneal ulceration was extending. To arrest the actual process in the eye the corneal ulcer was thoroughly cauterized and a Saemisch operation was performed and the following day the tonsils were removed under local anesthesia and the loose decayed teeth were removed and it was simply marvelous to see the manner in which the infection in the eye was arrested and the healing process progress. The eye condition had progressed too far even before it was first seen by me to hope to save the vision and in spite of what we did directly for the eye condition, I feel sure that had we not instituted the radical procedure we did with the teeth and tonsils, she would have developed a true panophthalmitis and possibly lost the eyeball itself. The balance of the

local treatment consisted of atropine, ethylhydrocuprine and frequent hot bathing. It is interesting to note that her chronic arthritis markedly improved and in eight weeks' time she was able to leave her wheel chair with assistance and walk across the room for the first time in years. The result as far as the eye was concerned was not a brilliant one, though saving the eyeball was better than losing it, but the result as it affected her general joint infections was most satisfactory and one could not help but conclude that had she had this same attention to her teeth and tonsils years before she would have been saved years of suffering and possibly never experienced the eye infection that cost her the vision of an eye and nearly cost her the loss of an eyeball. Her Wassermann was negative and the urine examination showed a few hyaline casts and a faint trace of albumen, a renal expression of the result of the long continued toxæmia. This woman is better and more active today than she has been at any time in the past 14 years and she looks upon her eye infection as a blessing in disguise.

Case 5 showed the splendid results that can be obtained when there has been no active destruction of tissue.

Case 5—J. S., male, age 26, was referred to me for refraction because of persistent frontal headaches and pain over and in the left eye. Sinus trouble was eliminated. Examination revealed vision in left eye 20/200. Right eye 20/40. Pressure on left eyeball elicited pain and tension was increased in TN+2. There was a central scotoma without apparent involvement of the peripheral parts of the field, circular in outline. The papilla was reddened with a suggestion of pallor on the temporal side. The patient claimed he could see better in the evening than he could in the day time. Here was an early case of retrobulbar neuritis, due to a toxic condition, and I believe every diseased condition of the papillomacular bundle of fibres is due to a toxin from some focal infection and the toxic amblyopias we have so often ascribed to tobacco and alcohol are more often due to true infections from within than to poisons introduced from without. Examination of the teeth showed three crowned teeth in bad condition and general pyorrhea. Gums very spongy and bled easily. X-ray plates showed infection at the roots of all the crowned teeth

and some absorption and the 2nd upper left bicuspid tooth showed also some slight infection and we wisely insisted on all four teeth being extracted, as the bicuspid tooth that showed such little trouble in the x-ray plate, was surrounded with granuloma and was very likely the worse offender of the four. The pyorrhæa was treated successfully. The tonsils were large and badly infected and cultured from them revealed streptococci and staphalococci Albi. The tonsils were removed. The intestinal tract was thoroughly cleaned with castor oil and Tablets of Bulgarian Bacilli, given three times a day and in four weeks time the pain had entirely disappeared, the tension was normal, eye not sensitive to pressure, the scotoma was clearing and the papilla was nearly normal in appearance and vision was now O. D. 20/50. The eyes were now refracted, the Rx was made up in A shade Crookes lenses and the patient's improvement and comfort continued. The Wassermann was negative. In approaching the subject of intestinal toxæmias we must do so with an open mind and willingness to discard many of our theories of the past. Intestinal toxæmias arise from two great sources, dietary imbalance and the resultant putrefactive changes that take place and from direct infection from above, where infected material from the teeth and tonsils is mixed with the food in the act of mastication and swallowed and there finding a fertile soil to work in, throw off their toxins, which in turn are carried to remote parts of the body via the blood and lymph streams and get in the work of destruction. The recent work of Cotton and Draper shows that the real serious intestinal toxæmias arise from an actual infected condition of sections of the intestinal walls and mesenteric glands and by their removal they are getting brilliant results in the more serious of the phlycoses that do not respond to teeth and tonsil attention. In our eye work, however, we feel that those eye cases that we can ascribe to an intestinal origin, arise from either the ingestion of improper foods that the stomach and intestinal tract can not properly digest or from the products of infections from the teeth, tonsils or accessory sinuses that are swallowed repeatedly with the food. That these profound gastrointestinal infections do exist, are easily proven by the Rehfuß method of a frac-

tional examination of the stomach contents and in culturing the contents of the stomach and duodenum by means of the Rehfuß duodenal tube. By this method we can frequently demonstrate the presence of streptococci, staphylococci and colon bacilli. It is undoubtedly just such actual infections as these that the elastic term "autointoxication" has been used to cover.

The errors of diet and the resultant digestive disturbances that mainly concern us, in so far as they relate to diseased conditions of the eye are the vast amounts of carbohydrates, the starches and sugars, that are consumed by most people. The use of sugars has enormously increased in the past 60 years, from an average per capita consumption of about 25 pounds per annum in 1860 to an average per capita consumption of over 90 pounds per annum, in 1918. This increase is appalling, as Joslin says, and he further calls attention to the fact that since 1900 there has been a 17% increase in the consumption of sugar and during that period the mortality from diabetes mellitus has doubled. What we urgently need in this country today is a sugar rationing or prohibition equally as much as any other kind of prohibition. Potatoes, white breads, and sugars as such or as candy except sparingly, produce sugar fermentation by the aid of the bacteria present; hyperacidity and acid stools result and the toxins produced are carried to distant parts of the body and do their nefarious work.

Two-fifths of all the sugar that is consumed is eaten in the form of candy and most candies contain inverted sugars and commercial "glucose" which are readily fermented by bacterial action or by means of enzymes or agents. The chart below shows the rapid growth of candy consumption in the United States:

1916, \$480,000,000; 1917, \$600,000,000; 1918, \$750,000,000; 1919, \$900,000,000; 1920 (estimate), \$1,080,000,000.

I would call your attention here to the disturbances of vision we find in diabetes mellitus in which we have constantly high blood sugar. It is interesting to note that a substance which has been occasionally found in the lens, and which does not occur under normal conditions, is sugar, as described by Stricker. Its presence in the lens in cases of diabetic cataract has attracted the greatest attention. Professor Kuhne was able to dem-

onstrate it. It is also interesting to note that Lohmeyer succeeded in demonstrating the presence of sugar in the vitreous taken from two human beings who had just died of diabetes. Deutschmann proves the presence of sugar in the aqueous and vitreous of the body of a diabetic whose lens also contained sugar. This work by these investigators is most timely and interesting and only goes to show that sugar can leave the blood stream and may attack any of the tissues of the eye. Dietitians are not all agreed as to the value of sugar and I believe we should look upon it as a toxic substance and that both adults and children should be deprived of its use, as far as possible.

The following case well illustrates the necessity of clearing up all foci of infection in order to overcome the disease condition. This case was treated by Dr. Bell and myself at the New York Eye and Ear Infirmary and reported and shown by him to the Section on Ophthalmology of the New York Academy of Medicine in February, 1920.

S. F., age 49 years, came to the clinic in November, 1919, because of failing vision in both eyes of recent development. Examination of the eyes showed nothing abnormal externally but examination of both eye grounds showed a definite papillitis, reducing vision to 20/70 in right eye and 20/200 in left eye. The man's general appearance indicated a pre senile condition; his arteries were markedly sclerotic and his blood pressure when first seen was 260 systolic and 170 diastolic. He was cyanotic, apathetic and almost in a state of collapse. Examination of the urine showed albumen, granular and hyaline casts and high specific gravity. Here was a case of chronic nephritis, with the associated arterio-sclerosis both general and in the eye grounds, with the acute condition of papillitis of both eyes engrafted on the chronic one. He presented a typical picture of toxæmia and had been treated in the usual way for his kidney condition with no improvement. Examination of his teeth showed marked pyorrhea and some pivot teeth, with spongy gums, and bluish discoloration of the mucous membrane of the mouth, always a pathognomonic sign of oral toxæmia. The tonsils were hypertrophied, juicy tonsils, which when pressed, easily exuded free pus, plate cultures of which showed strepto-

cocci viridens and Conellan-King diplococci. The Wassermann test was negative. The stools were highly acid and toxic.

Now, this man had had these infected tonsils for years, and I contend, and our work is proving that, his chronic nephritis and arterio sclerosis with the peri vascular fibrosis in the retina is the result of this self-poisoning which has been going on for years and his intestinal intoxication is also due to the carrying of this infection to the alimentary canal mechanically by the act of swallowing and by way of the lymphatics, and I further feel that his acute eye condition is the result of the same focal infection (the tonsils mainly). Proceeding on that theory we enucleated his tonsils and had his tooth conditions corrected and in a short five weeks, our patient has improved until he is physically a new man. His blood pressure has remained below 200, his kidney condition has improved as evidenced by the absence of albumen and casts; his blood, by chemical examination, is about normal, and his eye condition, for which he primarily consults us, because of failing vision, is so markedly improved that his vision is now O. D. 20/30 and O. S. 20/40. If the removal of this man's infected tonsils and correction of his tooth conditions are not the direct cause of his great improvement, then I am unable to interpret cause and effect in any case.

No one would be foolhardy enough to expect the tonsil removal to clear up the condition of arterio sclerosis, as this process has already advanced to the point where normal tissue, due to the chronic focal infection, has been replaced by a hyperplasia of connective tissue, but I do contend, and the picture of the eye grounds bear me out, that the removal of the foci of infection has arrested the arterio-sclerotic development. The acid, toxic stools cleared up on a starch and sugar free diet. On June 1st, 1920, this patient's systolic pressure was 190 and he had no recurrence of his failing vision.

I have presented this paper with no idea of offering any original thought or work on this important subject, but merely to reiterate and emphasize that which has already been written and to principally draw your attention to the close association of focal infections to eye diseases, a true appreciation of which fact will enable us to solve many a pre-

viously puzzling optical enigma. Let me urge, in closing, the necessity of a careful, painstaking examination in every case as a routine procedure, and keep before you always that which Bell popularly designates the "Three T's," the teeth the tonsils and the intestinal toxæmias.

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COMPULSORY HEALTH INSURANCE.*

THE IMPENDING RUIN OF THE PRACTITIONER OF MEDICINE.

By Paul Correll, M. D.,

Easton, Pa.

In times gone by, there seemed something sacred, something elevating and something distinctive in what you call the application of the principles of health and the restoration of those afflicted. The development of the practice of medicine has always been and always will be, based upon technical knowledge and training, plus experience, which enables the physician with the well-grounded deductions made by science, and practically inculcated in him by scientific demonstrations, to accomplish a mission for the relief of suffering. The art is an associated phenomena, developed first, upon the receptivity and the adaptability of the physician as well as upon his thorough absorption of scientific facts.

In short, the practice of medicine has for itself the relief of suffering by two salient features: One, the doctor's knowledge, and the other his art or ability to apply that knowledge to given cases. This, gentlemen, comprises the interesting and fascinating features which we need at all times to combat the many unpleasanties and the many distasteful happenings which we are continually facing in carrying out the practice of medicine. The display of skill and the constant striving with or against nature has been a feature which has dominated men and caused them to pursue constantly, for successful results in the advancing theories, continually being brought forth, all of which enhance the ability of application.

Our Federal government, our State government, our county government, have all, in turn, as well as most of the masses that compose our peoples, done little or nothing to encourage the medical profession in its everlasting endeavor to elevate the practitioners of medicine

to the standards which we rightfully should expect among other professions. Each year, new movements, deflections from the time tried schools, angulations from the honest application of medicine, primarily built upon the basis of making money, not founded, as is the practice of medicine, upon the centuries of research and investigation. These so-called cults are angulations from the good old tree of medicine which have been brought forth and have been, in most instances, placed upon a plane, equal, if not above, the standing which we now enjoy. What have the results been? What have they accomplished? Absolutely nothing! However, they have the encouragement of legislative bodies; they have been permitted to practice under less irksome and easier systems than do we. They have continued to place the people of communities in a false light on the basis of two factors; one, the seeming disinterest and the lack of protest on the part of our own profession, and second, a lack of respect for the medical profession by the legislative bodies of the various States. All this, doctors, could not have happened had not the eighty-eight thousand, and more, doctors of this country, in most instances, sat idly by and permitted experienced propagandists of certain cults, to present their fictitious claims, in many instances without a protest from us, we sleeping soundly, self satisfied that everything would be favorable to us.

Only last year in the State of New Jersey, the Chiropractic system, by a clever maneuver and by high-class lobbying and a united front, deluded the legislators of that State, and by the presentation of their case in a skillful way, they were admitted into our profession in the eyes of the law. This, again, was met by a feeble, disorganized effort on the part of our profession to combat a highly efficient organization. Team work, doctors, with a wideawake leader or leaders, is the only way to defeat successfully the ever-launching attacks upon what we have been led to believe is sacred ground. We are, however, confronted not only by the cults, we are now confronted by the most gigantic scheme that we have ever been compelled to meet. Our profession, which we believe in, which we cherish, which we love and for which we have prepared and have given the best of our lives, is about to be changed from the old

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profession of science and art of the individual to that of a trade.

Compulsory Health Insurance, the insidious snake, for its purpose is to sell out our profession and hand us over, body and soul, as chattel, to satisfy the everlasting desire of the times which, when summed up is only a desire by legislators to do something. On one side stands the employer; on the other side stands the employee; in the whirling malstrom is our profession. Are we ready to be seized and crushed? The later investigations show that we are to be offered as a sacrifice to labor, as a solace, as a gift. In the change from the individual practice of medicine we are to be put to the wheel to grind out service as a debt paid by men who neither know nor care. I believe that you will all agree that the improvements that we have enjoyed in the practice of medicine in the last fifty years, has been due to the greatness and bigness of the individual members of our profession striving in the main sense to improve conditions, make living better, teaching people how to live—and all these shall come to naught and be destroyed.

It may be well at this time to give a short resumé as to the origin of this atrocious system, as the source from which it comes, alone, should make any man shirk to feel that he could endorse conditions of a like nature. Health insurance originated as a result of a clamoring at the close of the seventies, of several sects of German socialists, skillfully led although dissatisfied. At first approach, Bismarck in Germany was first opposed to it until the situation was properly presented and explained, showing him that it would immediately produce greater strength for his monarchy and place certain unknowing men within his grasp.

From that time of its adoption until a few years before the outbreak of the great war, the strength of the Monarch of Germany greatly depended upon the seeming governmental control by Health Insurance of its people. In one class it developed autocracy, in another class, socialism. However, the government was so carefully linked that it was able by this false aid and by the destruction of middle and lower classes of medical men, to give the people something for nothing. Fortunately, however, the old German regime is over and reorganization is now taking place to save what is left of the

medical profession in Germany. In Germany its adoption was to apparently link the growing classes of socialism with monarchy. Does not to your mind a somewhat similar situation appeal to you, the endeavor to satisfy dissatisfied labor and also to delude them into feeling that they will go something for nothing. The same type of act was passed by the Austrian government, where again it was a colossal failure. Denmark also adopted a somewhat more moderate type.

About twelve years ago the first legislation of this type was adopted in England with the result that the number of men dying, in the profession, each year, plus the men discontinuing the profession, is greater than the number of men that are graduating each year from the medical colleges. This is a deplorable condition, although there is a potent reason.

Let us for a moment, go through the brief arguments advanced by Compulsory Health Insurance propagandists. First and foremost argument they advance in favor of health insurance is that it will lend a greater efficiency to the employed and that he will be educated in preventive medicine so that the contraction of disease will be reduced to a minimum. Aside from this he will procure for said illness a standardized treatment. This is the sum total of everything they have to say about health insurance advantages. There are other features, however, but this is the weak crux on which stands their entire proposition.

As a matter of investigation, sickness among working men, under our present system is at a lower percentage than was sickness in Germany, Austria or England at the time of the outbreak of the war. As to the standardization of the patients treatment, this, gentlemen, is a destruction of your art. Given under this proposed legislation, definite cases of a type of disease you are to be instructed by a manager who will hand you a slip of the prescribed treatment for pneumonia, typhoid fever or for cardio-vascular diseases, which treatment you are to carry out just as routinely as the tax collector collects his taxes. Can you imagine such a condition being forced upon us, free men of a free country? Many of us went to war with countries from this atrocious system emanated so that we might destroy that system, now certain well meaning although deluded, members of our profession and certain politicians attempt

to force down our throats this relic of old Germany. Let us do our thinking, act for ourselves and not follow Germany; we are a free people living by industry and thrift and our success has come by our own efforts wisely directed.

It might be well at this time to specifically state that in the main, health insurance in the five pivotal States to be attacked this year, namely: New York, New Jersey, Michigan, Illinois and either Indiana or Ohio, that the State of Illinois has led in its investigation by the medical profession a systematic orderly way and has succeeded in producing the most powerful general strength as a State Society in the attempted defeat of this proposed legislation. In other States, concentrated action by medical men has been absent where an attempt has been made to awaken interest, but with only indifferent success. It is well to understand that with five of the pivotal States which I have mentioned, if the propagandists such as the original parlor socialists, the social uplifters, settlement workers, the professional propagandists, whom as a class fall for politicians in their eternal desire to create state political jobs, the scheme endorsed and picked up by shortsighted, unworthy leaders of labor, and weak, false leading uncertain men of so-called big business, all so powerfully organized and abundantly furnished with funds and with the overconfidence that they will win, it seems no small matter for us in our sad dilemma of total unpreparedness to rally and put forth every effort, first to save ourselves, our profession, and then save our country from a stain of radicalism such as never before has been attempted in this country. In 1920 and 1921 there is an uncanny similarity in all the proposed legislation to be presented. There is the same preamble of the politicians in all the bills which makes the Commissioner of Labor, or the Bureau of Labor the real hand under all the proposed acts. There is a general vague description as to the formation of those bureaus and departments which means political jobs and tremendous costs to the State. Types of illness are practically unlimited and everything practically not now covered under the Workmen's Compensation Law is acceptable under the new proposal. The bureau or band of political pirates created by this prospective legislation will establish such

rules and regulations, shall appoint such agents, and shall sue and proceed against any who fail to comply with what they create as law. There is no limit in practically any of the bills as to the number of boards, employees, agents' committees, etc., that they may see fit to appoint. It is estimated by reliable investigation that the State of New York, which we will take for the sake of argument, accepted as being five times as large as the State of New Jersey, will need for its administration costs, \$30,000,000 yearly to carry on their work. On the same basis the administrative work in the State of New Jersey would probably cost \$5,000,000 annually.

What a powerful prospect, a new political pull, that the ever-meddlesome investigator and exploiting politician is to have at his command. He is to save the poor working man from becoming ill. If perchance, in spite of the enlightenment of these all-wise State commissioners, bureaus and their many trailing parasites, they do become ill, the State shall outline treatment for the said sick man at a fabulous cost and shall see that the employer of this said man shall pay handsomely for this man's illness, while the poor doctor, if he be successful in procuring a political appointment by the board, or by some insurance company, may proceed under an exacting schedule, the cure of said illness, for which he is to be paid somewhat in proportion as have our brothers in the profession been paid in countries across the water since the enactment of this type of legislation. If this last statement be not true that we as physicians must accept reduction in the price of treatment under proposed compulsory insurance, then we as physicians must attack the bill from another viewpoint; for we know that under all compulsory insurance legislation, illness and loss of time at work, due in the main to malingering, have increased. If this entire bill for service is to be paid by the employer, it simply adds another burden in the cost of living, for somebody to pay if the producer is to have his periods of sickness paid by his employer, the finished product must have an excess price to cover the bill.

Practically all professional propagandists who are attempting to save labor and mankind by their lack, generally, of having any personal business of their

own to occupy their time, are announcing that for the administration's success and for the creation of jobs bringing in suitable remuneration for themselves, the dear taxpayer will be compelled to add another mite to his already increased taxes to carry on its administration.

I have consumed sufficient time in describing, as this short paper will permit, the proposed methods of the attempts to annihilate and crush out the very life and spirit of our profession; and it makes me feel depressed that many of the great men of the past who have given their lives and their all in the attempt at betterment of mankind, to see the profession now facing direct attack against our ideals which, if successful, will crush out the spirit of men from seeking the things that shall make life more worth the living.

There is but one cure, and that cure is fight. For once, let us awaken and realize the true facts that as a profession we have been cheaply taken by the public, that we have been considered at all times as their public servants, that they have considered us as a necessity when illness befell them, their duty and obligation to us was but a passing one and that our consideration cease, when our paltry fee, which we have charged, had been paid. Let us rise to something better. Let us realize that we represent the most powerful machine for good, when properly organized, that the world can produce. Let us realize that these efforts put forth, for the betterment of others, in the past, must now be put forth in concentrated action for the first time in protection of our own vocation. If we cannot command respect and consideration so that we may live our individual lives in the application of the art, as has been taught to us, then I say let us combine, of our own volition and of our own purpose, to formulate a machine which if properly handled, can demand that the people of the country hear us and that the public be given an opportunity to understand this atrocious attempt to disfranchise the doctor.

I can only counsel you to read both the literature for and against Health Insurance: talk with men who are conversant with its past performances; interest your fellow practitioners; organize within your county society; present resolutions of rejection of the entire propaganda to

your State Society; attend the meetings of your Legislative and Welfare committees; and last, but not least, approach carefully, your individual patient, those with power in your community, and describe in brief this attempted legislation, entering vehemently your protest. Advertise such legislators who decline to take a position on Compulsory Health Insurance, and although I am personally a man of party allegiance, I will never support, rather will I by all known means attempt to defeat any spineless creature whose candidacy is attempting to carry water on both shoulders. Let them know that the medical man wants his profession undisturbed, undestroyed and that he cares not to become a tradesman or a laborer.

But with it all if we are forced with our backs to the wall into the position of a tradespeople, the political machines will find the medical profession, stripped of its adornment of centuries back, the most virile force it has ever attempted to sell out.

PLACENTA PRAEVIA—A PLEA FOR PROPHYLAXIS BASED UPON ITS ETIOLOGY.*

By John F. Condon, M. D.,

Newark, N. J.

Preface.—The title on the program for the paper is—The Treatment of Placenta Praevia—but with due apology I propose straying from the beaten path and attempt, though perhaps in a feeble manner, to present the subject from the standpoint of prophylaxis. The thought having been developed through failure to find, in my limited reading, any article bearing specifically with the question; although perhaps there is much which it has not been my good fortune to review.

I, therefore, have entitled the paper:

Placenta Praevia—A Plea for Prophylaxis Based Upon Its Etiology.

Placenta Praevia, definitely described as a vicious insertion of the placenta, whole or in part, into any portion of the lower uterine segment, is clinically recognized as one of the gravest complications of pregnancy and labor, and one

*Read at the meeting of the Section on Obstetrics of the Academy of Medicine of Northern New Jersey, held Dec. 28th, 1920.

that every physician, no matter what his experience or obstetrical skill may be, approaches with justified apprehension; for despite the progress of obstetrical practice the ultimate outcome is always problematical irrespective of the degree of praevia, or the treatment adopted.

The historical note of this condition dates back to Hippocrates, but its clinical significance and scientific study began with the writings of Gentleman and Mauriceau in the seventeenth century, their interpretation of the *Anomalie* being that the placenta prolapsed from its fundal insertion. According to Grandin, Portal about the same time announced for the first that the placenta might be inserted in the inferior segment and over the internal os. The primary demonstration of it on the cadava was by Schaller in 1709. Rigby of England accurately defined it in 1789 as the attachment of the placenta to the dilating portion of the womb. To him also is due credit for the origin of the term "unavoidable hemorrhage" distinguishing it from "accidental hemorrhage" or the premature separation of the normally situated placenta.

The nineteenth century presents such familiar names as Baudelocque, Naegli, Crede, Matthew Duncan, Simpson Barnes, Braxton-Hicks and many others more or less prominently mentioned as being associated with the subject both as to the cause and treatment. To many of these pioneers in obstetrics we are indebted for some of the ideas in vogue at the present day, especially Barnes and Braxton-Hicks, whose fame is as perpetuated with the subject of placenta praevia as are the names of Baudelocque and Naegli with the study of the bony pelvis.

Statistical estimates as to its frequency are numerous and of no particular value. the figures quoted as being from 1 in 200 to 1 in 1,500 pregnancies. But there is this one particularly significant and important clinical fact recognized many years ago and taught by present-day authorities as an unquestionable truth, namely that multiparity and endometritis are the predisposing etiological factors in placenta praevia, occurring ten times more frequently in multipares than in the primipara, and this fact I wish to stress.

Depending upon its relation to the internal os, it is classified as complete or

incomplete, the latter being subdivided into partial, marginal and lateral, each variety having an important application to the questions of prognosis and treatment. In Cragin's analysis of his cases at the Sloan Maternity, he shows the prevalence of the incomplete over the complete as being 4 to 1. While Edgar in his observations states the complete rarely occurs, claiming that the placenta is placed to a large extent to one side of the uterus, especially the right. The commonest variety, according to the same author, is the marginal where the placenta does not encroach beyond the margin of the internal os. Barton Hirst quoting Winckel, shows in a series of 270 cases of praevia, that the marginal was present 217 times.

As mentioned above, multiparity and endometritis are universally recognized as being the predominant predisposing etiological factors, and to a lesser degree, twin pregnancies, new growths, malformations, low implantation of the fallopian tubes and abnormal size of the uterus. DeLee in his work directs attention to the following—that in nearly all his cases of placenta praevia he succeeded in procuring histories of abortion, slow convalescence from previous confinement, manual removal of the placenta in previous labor, recurrent placenta praevia, and other evidence of a diseased endometrium, the pathological findings on the placenta in every instance confirming an existing endometritis. One of my own patients had placenta praevia with her third and fourth child, the interval between the two being 22 months. Since the last pregnancy I operated upon her for chronic endometritis and suspended her large retrodisplaced uterus. I am awaiting her next labor with much interest. At the City Hospital this month a patient with placenta praevia presented herself—her story is interesting. She was para 10 and in her 9 previous pregnancies the foetus was breech 7 times and in this instance it was breech also.

There being no disputing endometritis as the important element in these cases, I feel that this point cannot be too emphatically pressed, and that we may pass by the other various hypothesis without comment to dilate further on the etiology and its clinical importance when considering the question of treatment.

As to the exciting cause, the primary

low implantation of the ovum near the internal os is acknowledged and accepted.

Hemorrhage, the cardinal and initial symptom, is caused by the retraction of the thinned out portion of the uterus, necessarily tearing the decidua vessels and aggravated by the fact that it is impossible for the overdistended fibres of this non-contracting portion of the uterus to compress the vessels. This fact is appreciated during labor, when it may be noted that there is more bleeding following a contraction than during one due to pressure being exerted by the presenting part against the placental site, causing temporary hemostasis over the period of contraction. Another point to be considered when formulating a plan of treatment. But the only pathognomonic symptom is the recognition of the placenta by digital examination through the cervix. This with the history of sudden onset, of painless and apparently causeless bleeding in the last three months usually confirms the diagnosis. Most cases have a premature labor, the estimate being that only about 30% go to term.

The complications to be thought of and frequently met are prolapse of the cord and malpresentation of the foetus, especially shoulder or breech, the latter by a large percentage, to my point of view this being salutary, obviating the necessity of version in order to secure hemostasis by pressure of the foetal body. Rupture of the uterus is not only a complication to be considered, but also to be differentiated. In placenta praevia pain is absent or if labor has begun is intermitting and usually weak, whereas in rupture of the uterus the onset is stormy, the pain is constant and severe, bleeding being present in both conditions. Another condition to be differentiated is carcinoma of the cervix. Following labor the real dangers are post partum hemorrhage and puerperal sepsis. The reasons are obvious and should receive very serious consideration when one is confronted with a case of placenta praevia, especially in the home.

The prognosis should be guarded, as the ultimate outcome for mother and child depends upon the variety of praevia, the condition of the patient from loss of blood, the method of delivery and last but not least, if I may be permitted to add, the doctor or midwife first in at-

tendance, for in many instances it is the first handling of the case, especially from the standpoint of asepsis that decides the outcome. It has been attributed in a large measure to the improvement of asepticism that the maternal mortality rate has been greatly reduced. A review of the various authors reveals a maternal mortality around 3 and a fraction per cent., while for the foetus it is about 50. In Polak's clinic the best recent statistic yet presented are by Beach, who in a series of 63 cases—delivered by podalic version lost but 2 mothers, but this foetal mortality ran over 50.

At the Newark City Hospital for 1918, 1919 and 1920 the records show 50 cases with a death rate of 16% for mothers and about 50 for the infants. Of this number, 21 mothers were brought in after delivery by outside attendants—50% of the total mortality occurred in those cases. A moment's reflection of these figures is enough to raise the question: Are the women of our community receiving obstetric service of a standard they desire and deserve—and if not, why not. DeLee goes so far as to lay down as an axiom that a woman should not die from placenta praevia except in the very rare instances of an embolism, hemorrhagic diathesis or spontaneous rupture of the uterus. Still the commonest causes of death are attributed to hemorrhage and sepsis. Williams, at the Penn State meeting in October of this year, in speaking of maternal mortality, declared that in the hands of the profession at large the figures for puerperal sepsis are the same as 30 years ago, causing today 45% of childbirth deaths against 29% for dystocias and hemorrhages, and 26% for toxemias. If these figures are correct, the natural conclusion is that obstetrics is a misnomer. The foetal mortality is expected to be high on account of prematurity, asphyxia and necessary operative interference.

Before proceeding to take up the question of the actual management of this condition, let us pause and see if it is not reasonable to deduce, that in view of the etiology and high mortality, that prophylaxis is entitled to and should demand that our efforts along the advanced ideas of preventative medicine be applied as conscientiously here as in other directions—prenatal supervision is nothing more than prophylaxis—all classes are or

should be receiving it today. Yet a careful review of every modern text-book fails to reveal a line on prophylaxis in relation to placenta praevia with one exception,—Shears. In his closing paragraph on the etiology he finishes by saying—that multiparity and endometritis being the predisposing causes suggests the prophylactic treatment and here he stops. It would be presumptuous even to insinuate that the teachers of obstetrics are not cognizant of this as you will find that without exception, under the heading of treatment, the statement is made that there is no preventive for placenta praevia, meaning, of course, when it has developed. Neither is fire insurance taken out when the blaze starts. Nor can lack of space be offered in extenuation, as I find 54 pages in one text-book devoted to prenatal hygiene, while 7 were given to the puerperium, 3 less than the author allowed to mutilating operations on the child. Has this any bearing on the question, emphatically, yes—for as in all walks we look to our leaders for precept and principle. It is the expression of their profound views that governs us, their mistakes are apt to be ours by example, and if the student body and general profession are to practice what the leaders teach they should teach in detail what the great mass should practice.

Since starting this paper, however, I came across a very able article in the *Am. Journal of Obst. & Gyn.* of November, by Kosmak of the N. Y. Lying-In, entitled, "The Importance of a Follow-up System for Obstetric Patients"—and although he does not mention the particular subject we have up for consideration, he does in a masterly way show the equal necessity for postnatal as well as for prenatal supervision. In his endeavor to stimulate a general interest, particularly for institutional patients, he circularized a questionnaire to secure information as to the methods employed by various maternities. Out of a total of 60 issued he received replies from 48 American institutions. Of this number, 36 show some sort of follow-up system, with clinical facilities in charge of the attending staff, 28 only required returns when abnormalities developed.

Further on he strikes this dominant note, which I believe the profession will echo, namely—that the return of every

recently delivered mother to a state of health, at least approximating that before her pregnancy if not surpassing it, should be the aim of every maternity service and also of every physician who takes care of obstetric cases. That, of course, included you and me, also the men who are disinterested in the subject of obstetrics, but take the cases for the sole reason as they themselves express it—to hold the families as they dispise the work. Dispsied work seldom inculcates interest or intensive study. DeLee in closing his discussion of the above paper confirms this when he says, if you will regard obstetrics as of pathological dignity, you will immediately raise the ideal, for anything that is pathologic requires proper investigation, study and attention.

Preventive medicine has made rapid strides in the field of obstetrics. Not only are the doctors teaching and practicing it but the laity through education have come to recognize its benefits, and the discussion in lay journals are many and lengthy, especially on the subject of prenatal hygiene in the interest of mother and child. Nevertheless with all these worthy and fruitbearing efforts, we all fall short of the required goal, both laity and profession, when we consider the case ended after the traditional 9-day lying-in period has been reached, or two weeks at the latest, with the patient up resuming the usual domestic duties with the added responsibility of the newborn.

We are all taught and believe that normally the important process of involution should be completed within a period of six to eight weeks, and if delayed beyond that time sub-involution with its concomitant passive conjection, prolapse or retrodisplacement and other morbid processes are apt to be the results, while in those cases that have passed through an abnormal or severe operative delivery, the infected cases and the ones with un-restored pelvic structures, involution is unquestionably retarded. If neglect of any of these complications of the puerperium is permitted, either by patient or doctor, is it not reasonable to presume that this neglect from a scientific standpoint endows such a patient with the necessary pathology for prospective placenta praevia in her next pregnancy. Does this not argue strongly for postnatal care during the entire period of involu-

tion, paradoxically making post partum hygiene the prophylaxis of prenatal hygiene in the multiparas who go to make up 90% of the victims of placenta praevia.

From the moral standpoint, is not this the kind of effort the speaker of the evening had in mind in his able address at the dedication exercises of this Academy when in closing he said: "If we have a right to life, we have a right to health—we have a right to the care of health, we have a right to the best care of health obtainable and that best care of health obtainable we get from the scientifically trained physician." No more profound expression of our moral obligation could be uttered by anyone, and every physician who holds this profession on a high plane accepts it.

Coming down to the question of the actual management of this condition, no hard and fast rule can be applied in all cases as to the best method of procedure.

Davis of Philadelphia draws attention to the analogy existing between placenta praevia and ectopic, the ovum in each instance occupying a vicious position and by inference suggesting the treatment in both has likewise an analogy, namely save blood and avoid sepsis. Fully cognizant of the fact that I am leaving myself open to criticism in repeatedly referring to hemorrhage and sepsis, I am encouraged to do so by the philosophy of one of my old teachers, who used to say "that in order to remember an important fact, try hard to forget it by repeating it," and also from a consideration of Williams' figures before mentioned, namely—that 74% of maternal deaths are attributable to those two causes, and also because of the fact that in placenta praevia most fatalities are ascribed to these causes. Hence the treatment in all cases resolves itself into simply this—save blood and prevent infection.

The technical application of the various methods I will touch on only briefly in order to have them elaborated on in the discussion to follow. But before attempting any method of delivery, do not fail to assure yourself that the foetus is small enough to pass through the pelvis, especially near or at term in the primipara, as this is apt to be overlooked in the general anxiety to hurriedly arrest the hemorrhage, adding only another complication, if there should exist disproportion. The most rigid asepsis must

appeal to everyone, keeping in mind the susceptibility here to infection where the gaping sinuses are so closely approximating the cervix and the increased tendency of the latter to tear owing to its invasion either by manual efforts in packing or in the introduction of bags and forceps, particularly so if gentleness is not observed during the application of all of these methods. The presence of a competent assistant is as important here as at any major procedure, he being in a favorable position to administer anesthesia to make pressure from above to aid in controlling hemorrhage and to take care of the child while the mother receives the undivided attention of the operator. In fact, the thought often comes to me—is obstetrics in its simplest variety a one-man job when we think of all the possibilities that may suddenly develop and when least expected. Accouchment force of the past generation has fortunately been relegated into obscurity let us hope. The time-honored tampon should have gone with perchloride of iron of the old school, but some still hold it in reverence.

Anyone doing clinical obstetrics in hospitals will testify to the popularity of the pack in those cases treated outside and sent in for delivery and its frequent function of doing nothing more than tying the hands, so to speak, of the hospital obstetrician, preventing him from resorting to operative measures which he dares not attempt as all such cases are presumed to be infected and are unless the most scrupulous care is observed in the application of the packing, a fact he cannot decide.

Podalic version synonymously referred to as Baxton-Hicks method who perfected and popularized it 60 years ago, although it was performed by Celsus at the beginning of the Christian era, is still held as a valuable procedure today, as shown by the results in Polak's clinic before mentioned. But of late years, especially in hospital practice, it has been supplanted by the hydrostatic bogs, commonly referred to as Barnes-Voorhees and other various names and modifications. In private practice though I hardly think the bag will ever take the place of podalic version for the following reason: 1. Few outside of the specialists carry them. 2. They are apt to be imperfect and not useable when so urgently

needed. 3. They require more technical skill in application. 4. If not sufficiently large enough, a common fault, they may be expelled before the advancing head has passed deep enough into the pelvis, allowing free bleeding back of the bag and necessitating repetition of the procedure with its time consuming feature which is important. Whereas with podalic version once a foot has been secured and brought down the cases is fully under control if the attendant will stop here and not attempt immediate extraction, but not, as the popular saying is, leave the case to nature. Poor old nature so abused obstetrically will control hemorrhage here, but she has no stetoscope to watch the foetal heart nor means to care for a prolapsed cord. She will do her full share but the attendant must sit, watch and listen, or leave a competent assistant in charge.

Simple rupture of the membranes resorted to as long ago as Ambrose Pare's time and whose daughter was treated by this method is a procedure today that is useful in many cases, and very often all that is required to control the bleeding in cephalic presentation. Some modern obstetricians supplement this with small repeated doses of pituitin. Personally, I have had no experience with the latter in these cases, never having had the courage to use it, excepting when cervical dilatation was completed and the head engaged in a normal position. The late Dr. Markoe, whom I once asked as to his attitude in regard to this preparation at the N. Y. Lying-In, replied, "We use it, doctor, but knowing it to be fraught with serious danger, we hesitate to teach it. Many will agree with him. All the above procedures are applicable to the incomplete variety, each suitable to the degree of praevia and the familiarity and skill of the operator.

This brings us to Cesarean section, with all its vast indications in operative obstetrics, invading the domain in the treatment of placenta praevia, and here as in other fields it is apt to be abused. Cesarean section has its definite indications, namely in placenta praevia centralis that has not been tampered with from below, and, if I am not considered too radical in all cases of primipara with closed cervix irrespective of the degree of praevia, for here it gives the best chance for a living child with less danger

and trauma to the mother. The only contra-indication, from an obstetrical viewpoint, being positive sepsis or non-viability of the foetus, which fortunately is rare. In the latter case, we may resort to expectancy—keeping the patient absolutely quiet in bed with the hope of securing a living child. This also is the only condition where expectant treatment is permissible. Other matters likely to call for attention are retained placenta, which is common, and transfusion to combat the anaemia, various supportive measures are also to be thought of.

Before closing this paper I deem it pertinent to the issue to raise the question—Is placenta praevia a condition to be managed in the home or in the hospital? I unhesitatingly indorse the hospital. In arriving at this conclusion it is not with haste, being fully aware that it has been, is, and in the future will be, successfully treated in the home, but I am also bold enough to say, that there are those who will send a patient to the hospital for far less important pathology and who unhesitatingly will attempt the care of these cases at home. In that event they should be prepared to successfully cope with the situation and all of its likely complications, seeing the case through to the end, and not, as we frequently observe, send the patient to the hospital in such a condition that the institution is unable to do anything, except to enlarge its mortality statistics and to be held up with the rest of the profession—officially in print as not offering any better results than the ordinary midwife. I am referring to a journal that as taxpayers you subscribe to involuntarily, namely, the Monthly Bulletin of the Newark Board of Health with its elaborate statistics on parturition. The intention may be honest and worthy, but it is an unwarranted reflection upon the medical

In conclusion, I will reiterate that basing importance upon its etiology, placenta praevia with all its incidental dangers and uncertainties, is a preventable condition in the majority of instances by conscientious co-operation between patient and doctor during the whole period of involution—that by such co-operation we will not only reduce the terrific mortality here, but likewise eliminate other obstetrical sequels of a morbid nature, and correspondingly elevate the art to that ideal standard, desired so earnestly

by all—thereby achieving the scientific, economic and moral results that are due every obstetrical patient.

ADDRESS ON ASSMBLY BILL No. 245.

By Wells P. Eagleton, M. D.,

Chairman of the Welfare Committee of the
Medical Society of New Jersey.

Assembly Bill No. 245 does not attack any school or system of healing. It does not attack any Board or any individual of any school, but it does seek to re-establish the principle that before this State shall place its stamp of approval upon any practitioner—"before a license shall be issued to practice the healing art in any of its branches"—the State shall demand specific legal guarantees of academic educational qualifications and technical medical training.

It is necessary that such educational qualifications and guarantees be demanded, for without them a man may receive a license to practice medicine who will be a menace to the health of the community in which he practices. To obtain the guarantees that are demanded, it is necessary that the educational qualifications be specifically enumerated in the law; and further to safeguard the community it is necessary that the qualifications be reviewed by a recognized, trained, but impartial Board of the State.

During the evolution of our Government in the different States of the Union, two departments of supervision over educational matters have gradually been developed, together with the machinery for the proper administration of this function. In New Jersey all academic educational endorsement has been placed under the jurisdiction of the Commissioners of Education; all medical endorsement under the Board of Medical Examiners. New York has gone still further, for the Board of Medical Examiners has become the Medical Section of the Regents of the State.

Why have these two educational departments come into existence in practically all of the States. Because experience has taught that the mere holding of a diploma from a school or a college is, by no means, an assurance of an edu-

cation. Education is acquired only by years of attendance and study in a school or a college and, especially in medical matters, in a college which is properly equipped to furnish a high grade of technical training. Experience, moreover, has shown that, while properly conducted education—such as that furnished by the large universities—is a money-losing proposition, the cost of instruction actually exceeding the fees collected for the studies, the bestowal of diplomas after incomplete and inadequate instruction pays well. The lower the grade of instruction, the better the college pays in dollars and cents. To curb this evil—the furnishing of diplomas without sufficient instruction, or even the **selling** of diplomas, both medical and academic—these two reviewing and licensing boards have become necessary.

Let me outline to you the growth of medical education in the State of New Jersey. Over thirty years ago, prior to the year 1890, a man could practice medicine in this State simply by filing with the County Clerk a diploma from a medical college. By this system many men were granted County Clergy certificates who held degrees from inferior medical colleges. To correct this abuse members of the medical profession caused to be enacted the Medical Practices Act, which established the principle that before a license could be issued by the State the applicant must furnish evidence that he had received a sufficient academic education—which evidence must be **endorsed** by the Commissioner of Education—and a certificate that this academic education had been followed by actual attendance and graduation from a medical college properly equipped to furnish a sufficient medical education. He must also have spent one year as an interne in a properly equipped hospital.

On the furnishing of this evidence he is admitted to an examination before the Board of Medical Examiners, composed of representatives of the different schools of medicine, the purpose of his examination being to submit further proof that his assertions are correct. If the candidate passes this examination he is given a license to practice.

Think what the physician must do after he graduates from grammar school before he can practice his art; he must spend four years in a high school, one year in a college—after Oct. 1st of this

*Delivered at the Public Hearing of the Public Health Committee of the Assembly of the State at Trenton, Feb. 21, 1921.

year two years in college will be required—for all of which he must have the endorsement of the Committee of Education; he must then spend four years in a medical college of Grade A.

You must know that even today medical colleges are of three grades: Grade A being those fully qualified by entrance requirements, a sufficient teaching force, adequate equipment of laboratories, etc., and proper hospital facilities to instruct in medicine; Grade B, those which in large measure, but not fully, meet the requirements—though a Grade B college of this year may, in a few years, by improvement attain the rank of Grade A—and Grade C, those colleges which meet few or none of the requirements and which would require a complete reorganization to place them in Grade A. It should be understood that, unfortunately, Grade C medical colleges are much more common than Grade A today, though by the enforcement of the law the profession has succeeded in putting out of existence over fifty medical colleges of Grade C during the last few years in the different States by refusing to endorse them.

Four years, then, in Grade A medical college the candidate must have spent; nine years altogether in school and college, counting his four years in high school, one in college and four in a medical college. And the one year as an interne in a hospital makes ten. Ten years of educational work after his graduation from the grammar schools before he is admitted to practice. After October 1, 1921, he will have to have had **two** years of general college work to be admitted to a medical college, making eleven years in all to qualify him for his profession. And before he is permitted to take his medical examination, he is specifically required by the law to furnish evidence of the completion of these courses of study, and the validity of his evidence must be attested by the Commissioner of Education and by the State Board of Medical Examiners.

Now why are all of these certified educational qualifications demanded. To prove to the people of New Jersey that their licensed physicians are sufficiently educated men. For the express purpose of protecting the State from **inadequately trained doctors**.

The legislators of last year, by one act, destroyed all these safeguards. They enacted a law creating a board of chiro-

practic examiners, and gave power to that board to grant licenses without requiring from the applicants any evidence of preliminary education; without requiring, even that they furnish any evidence of good moral character. The only demand that this board is legally compelled to make is that the candidate shall pass an examination in certain medical subjects which they—the Board of Chiropractors—personally conduct, and their findings are not reviewed by any other body of the State.

Mark you, I am not saying that the Chiropractic Board of Medical Examiners has done this. I am not attacking the board. But I am attacking the law that gives such authority to any board without placing on it the necessary restrictions—restrictions which should be enumerated by the law.

Assembly Bill No. 245 proposes to re-establish the restrictions which experience has shown are necessary—to demand the guarantee that the man who would practice medicine must have been sufficiently trained and educated. It grants to the Board of Medical Examiners the authority to issue licenses, but before the license can be issued, it requires proof of a preliminary education of four years in high school, two years in college (certified to by the Commissioner of Education); it requires personal attendance of four years in a medical college, defining as a medical college, "Any college devoted to the teaching of any particular system or branch of medicine or surgery or method of treating disease." The bill proposes to place a Chiropractor on the State Board of Medical Examiners—an impartial board which under the provisions of the present law is composed of five regular physicians, three Homeopaths, one Eclectic and one Osteopath, increasing the number from the ten of today to eleven. And it recognizes the license of all those whom the present Board of Chiropractic Examiners may have licensed.

Bill 245 is a fair bill. It re-establishes the educational standards of the State; it protects the public against the incompetent physician. The legislature of last year tore down the educational standards of the State. It is up to the legislature of this year to say whether this condition shall continue, or whether the recognized standards shall be maintained by the passage of Assembly Bill No. 245.

SUMMARY OF THE REASONS WHY THE MEDICAL PROFESSION IS OPPOSED TO COMPULSORY HEALTH INSURANCE.*

Frank C. Hammond, M.D.,
Philadelphia.

The medical profession of the State is anxious to help all constructive legislation, and to oppose any legislation inimical to the best interests and health of the people of the commonwealth.

The following is submitted as a summary of some of the reasons why the medical profession is opposed to compulsory health insurance.

1. Most sickness is traceable to ignorance of, or wilful violation of well organized laws of health or hygiene on the part of the individual employee or his dependents.

2. If the employer is not responsible for the illness developing among his employees and their dependents, or does not benefit from the insurance against the losses occasioned thereby, he should not be forced to continue to such relief—many employers do continue the wages of employees during time of illness. All true occupational diseases should be compensated by the industry involved.

3. Health insurance will compel the employer to pay a high premium on his employees, and no doubt in excess per ratio over the changes now being made for industrial accident insurance. This increase in the overhead, with surtax on the retail price on commodities.

4. The class-making features, dividing workers into those forced to insure and those considered capable of caring for themselves, are un-American.

5. Adequate wages and better working conditions, without forced insurance contribution by employer, avoid any appearance of charity and permit advantages of privately managed voluntary forms of insurance, with free choice of physician, dentist, etc.

6. It will mean that either the employer must pay for pre-existing diseases, or discharge bad risks (for example employees who have chronic diseases but

who at present are self-supporting, and a help to the community).

7. The taxpayer now supports financially all well established state agencies for the prevention and control of contagious diseases, the treatment through dispensaries and sanatoria of tuberculosis and venereal diseases, the treatment of dependent sick individuals through State aided dispensaries and hospitals, and the complete care of the indigent, disabled and insane.

8. State supervision of workmen's compensation insurance costs the taxpayers of Pennsylvania several hundred thousands of dollars annually. State supervision of health insurance, covering the insured regular employees plus their million dependents, will cost the taxpayers considerably more than does workmen's compensation insurance.

9. The taxpayer, who is an employer, will find his total contribution more than the 50 per cent. which may be pro rated to him by the plan.

10. Compulsory health insurance as a scheme of insurance is unsound if a flat rate of contribution is required, because it assumes an equality of risk which does not exist; the lower incidence of sickness in rural districts making it in effect a tax on rural industries and occupations for the benefit of town dwellers.

11. The various cities, towns, etc., of the State have employees eligible under the proposed plan. Will such employees during illness be paid 100% of wages, and will the management of "locals" pay all sick benefits. If so, the taxpayer will pay 100% wage to the city employee while ill, as well as 50% of his insurance benefits.

12. The enormous cost in money will be out of all proportion to the promised benefits.

13. Where tried, the plan has not influenced favorably the incidence of sickness prevention, nor reduced the death rate, nor lowered infant mortality. In fact most practices and laws resulting in the prevention of disease, and the reduction of sickness have their origin in the efforts of individual or grouped physicians. Witness the magnificent results obtained in the prevention of smallpox, typhoid fever, malarial and yellow fevers, and the treatment of diphtheria and cerebrospinal fever. Physicians led the way toward improved infant mortality, im-

*Read before the Health Insurance Commission Conference at the Bellevue-Stratford Hotel, Philadelphia, December 3, 1920.—From the Penn. State Journal.

proved school and industrial hygiene, and they form the nucleus of the organizations endeavoring to reduce tuberculosis, insanity and venereal diseases. Such trained and experienced men should be trusted to develop, in a careful and orderly process, proper plans to meet economically the existing widespread improvements in preventing and treating sickness. This should suggest to thinking individuals, an improvement over the proposed plan for compulsion of contract medical practice.

14. We are told that in Germany and England health insurance has demoralized the medical profession by removal of incentive to individual advancement, and has discouraged research work.

15. A State bureau of laymen in control of sickness and treatment may be created.

16. The successful treatment of sickness is entirely a question of confidential, individual and personal relation, between physician or dentist and patient.

17. The compulsion features are distasteful to employer, employee, physician, dentist and beneficiary alike—compulsion to attend certain patients; compulsion to accept attention of certain physicians or dentists.

18. All plans proposed to date will result in the evils of contract medical practice in its most obnoxious form—maximum of demands by beneficiary, minimum service by physicians.

19. The various county societies, the Medical Society of the State of Pennsylvania, the State Homeopathic Society, the State Electric Society, the American Medical Association, various other medical societies, the Pennsylvania State Chamber of Commerce and numerous other bodies, have passed resolutions opposing the necessity for any legislation on health insurance.

20. It would substitute for the medical care and treatment now received by the wage earning class, medical care and treatment of an inferior character, thereby doing positive injury to that class.

21. It would compel citizens to invest their savings in a certain way, and it would fix the remuneration of a class of special workers (physicians, dentists, druggists and nurses) without their consent.

22. It would impose on the wage earning class the annoyance of extensive

inquisition into their private affairs by government officers and agents.

23. It is opposed to sound public policy in a democracy, in fostering objectionable class distinctions and a dangerous encroachment on public rights and privileges, including the most personal concerns of the individuals, and the supervision, control and direction of the person in matters of health and welfare.

24. It is a danger to democracy, in that the promises made are impossible of fulfilment, and on this ground will ultimately create an unwholesome industrial unrest.

25. Such demand for compulsory health insurance as exists has been created artificially by a skillful propaganda.

26. It does not promote the health of the individual, but rather fosters a tendency toward malingering and an undue prolongation of minor ailments for the purpose of wrongful gain.

27. Experience in other countries shows that medical treatment under its rules results in a standardized method of mediocre practice. The doctor who gives his whole time to the service reduces his profession to a mere trade; the doctor who gives only part of his time to the practice is bound to give it indifferent attention.

28. It would make the profession of medicine less attractive, would drive many now practicing it into other occupations, and would discourage many from taking it up.

A PLEA FOR BREAST FEEDING AND MEDICAL SUPERVISION DURING INFANCY AND CHILDBIRTH.*

By William London, M.D.,

Perth Amboy, N. J.,

We are entering upon a new era in medicine, the era of prevention of disease. Dr. Frederick Peterson, in an address before the Alpha Omega Alpha Medical Fraternity, Syracuse, N. Y., on "The Future of the Physician," summed up as follows: "The physician of the future is to be a master of Public Health. He will push and help instruction in

*Read before the Middlesex County Medical Society, October 20, 1920.

health in the public schools. The healthy people will flock to him. He will fortify the weak against the onslaught of disease. He will recognize the earliest subjective signs of the inroads of disorder and learn to defend his patients from its further encroachment. His mission will be to lengthen the health span of life." What better time is there to begin prophylaxis than during infancy and childhood, at the period when many, if not most, of the diseases of adult life originate.

Dr. Fritz Talbot in his chairman's address, read before the section on Disease of Children at the Seventy-first annual session of the American Medical Association, New Orleans, April, 1920, "The Future of Pediatrics" emphasized preventive pediatrics and stated that "any effort to improve the welfare of children should bring results which will yield far greater returns than efforts directed toward improving the welfare of adults; the establishment of correct habits in a healthy child ought to insure healthy adult life. In concluding he said: "The practitioner need not fear that the application of these principles will decrease his income. On the contrary, although he will treat fewer sick children, he will have an increasing stream of children coming to his doors—to be kept well. He will have the satisfaction of knowing that he has played a small part in diminishing suffering, in increasing efficiency, and in preparing the manhood and womanhood of our country for any emergency which the future may have in store for us."

Persistence in maternal nursing is the first important step in preventive pediatrics. It is the natural and ideal method of infant feeding. Holt says that fully four-fifths of the deaths under one year are in infants artificially fed. As a result of a plan which was carried out in Minneapolis to encourage breast feeding, which gained the co-operation of the medical profession, the health department, the Infant Welfare Society and that of prominent citizens, 96 per cent. of the babies born in Minneapolis were on the breast, and the infant mortality rate dropped from 73 to 61 per thousand births for that year.

There are only three absolute contraindications to breast feeding, namely:

Tuberculosis in any form in the mother; serious complications connected with parturition, as severe hemorrhage, puerperal convulsions, nephritis and puerperal septicaemia; and last, if the mother is suffering from a severe chronic disease or is very delicate. Fissured nipples, abscess in one breast, poor supply of breast milk, or a weak or premature infant should not cause cessation of breast feeding. With sufficient patience and persistence, breast feeding can be continued. There is no better galactagogue than nursing or expressing the milk. Lactation can be re-established when the baby has been off the breast for some time, even as long as a month. When the breast supply is insufficient, it is better to give supplemental artificial feedings with the breast feedings, than alternate breast and bottle feedings.

During the first year, a baby should be seen by a doctor at least once a month, for physical examination, measuring, weighing, and advice as to hygiene and diet regulation. If possible, a baby should be weighed every week. This regime will permit early recognition and correction of any defects or abnormalities which may arise.

The pre-school age, which is the most neglected, comes next. This is the period from one to five or six years of age, before the child attends school. During this period, the child should be seen by a doctor at least every three months, for physical examination, weighing, measuring, and advice as to hygiene and diet. It is during this period that we should attempt to recognize and correct hypertrophied and diseased tonsils and adenoids, defective teeth, strabismus and refractive errors, hernia, deformed extremities or spine, and mental and speech defects. It is during this formative period of life, before any permanent damage has been done, that we should attempt to correct any defects and to recognize the onset of disease, especially tuberculosis.

The school age is being well taken care of by the present regular examination of school children by the school physicians and nurses, and is accomplishing a great deal of good.

In conclusion, I wish to reiterate my plea for breast feeding and medical supervision of infants and children, as it is our duty as physicians to prevent disease

and prolong life. By these means we may, in a small part, help to accomplish these ends.

CASE OF ENTERO-VESICAL FISTULA.*

By Francis H. Glazebrook, M. D.,

Morristown, N. J.

Mrs. M. H. Admitted to the hospital Oct. 4, 1920. Occupation housewife. Nationality, U. S. Age, 36. C. C. Pain in bladder region. Dysuria. Passage of gastro-intestinal contents in urine.

History of present complaint dates back to November, 1917, when patient had a D. & C. for post menstrual pain which lasted about two weeks after cessation of menses; operation was performed by Dr. C. of Morristown at his home. Patient recovered and was completely relieved for about two months; at end of this period, post menstrual pain in left side became more severe and lasted longer than it ever had.

Patient was under treatment, and care of several physicians, until April, 1918, all of whom advised operation and removal of tubes and ovaries. In April, 1918, patient went to Dr. H. of New York City, who after a pelvic examination made a diagnosis of cystic ovaries (left more involved than the right) and retroflexion of the uterus with myometritis. Same surgeon operated and did a pan-hysterectomy and double salpingo-oophor-ectomy.

After operation patient was told that uterus was so adherent to left half of bladder that during its removal it had been punctured and there was a hole in it. Surgeon did not become aware of the injury until day after operation and patient not until three days post-operation. The explanation made was that the bladder had been so thinned out by the adherent uterus, that in removal of the latter and due to loss of its support, it had ruptured. The injury to the bladder was of such a degree, that there was constant drainage into the vagina.

In May, 1918, a repair was attempted by same surgeon, but without success; the sutures pulled out or sloughed out leaving the vesico-vaginal fistula patient; with the addition of a fecal fistula.

Patient went along in this condition until November, 1918, when a repair through a suprapubic incision was attempted; during operation her heart gave out and abdominal incision was closed without accomplishing anything. But on the tenth day following bowels began to empty through the vagina, as well as into the bladder. Entero-vesico-vaginal fistula persisted until June, 1919, when another operation was performed by Dr. S. of New York City, and leakage into the vagina was closed; the entero-vesical fistula remained, and patient passed particles of food in the urine and her bowels were very loose due to drainage of urine into bowel. This was her condition when she was referred to Morristown Memorial Hospital, by Dr. F. H. Glazebrook. She was again operated by Dr. Glazebrook, October 5th, 1920.

Notes of Operation: Lower median incision six inches long. Transverse colon found adherent to parietal peritoneum; several intestinal coils were adherent to one another, with a loop forming a 10 volvulus, there were firm adhesions in the pelvis, intestine extensively adherent to the bladder, sigmoid was isolated and found to be free, as was the rectum. Intestinal adhesions were freed, and a coil of ilium was found anastomosed with bladder, this anastomosis was complete and fearing to separate it, Dr. Glazebrook decided to resect the part of the ilium involved in the anastomosis. This was done and about four inches of ilium was allowed to remain in situ. The cut ends being ligated and inverted, lateral anastomosis of the ilium completed the operation. Appendix removed in usual manner and cecum freed from Jacksonian membrane. Wound closed as per routine with split tube drainage at lower angle. This drain was removed in forty-eight hours.

Post-Operative Notes: A continuous drain was left in bladder, there was no further discharge of bowel contents or gas through bladder, and after ten days bladder was irrigated and was found to be clean. All symptoms cleared up and patient made uneventful recovery, leaving hospital on October 28th, 1920. October 26th the bladder was filled with 25% solution of sodium bromide and roentgenograms were taken.

Patient was seen November 15th, 1920, and is perfectly well. Urine examination

*From History Sheet, Surgical Division, Morristown Memorial Hospital.

November 15th. Catheterized specimen—cloudy straw, acid, O albumin, spec. grav. 10? Some squamous cells, occasional leucocytes, mucus shreds.

This case is reported on account of the unique, and as far as I know, original method of dealing with this condition. I am indebted to Dr. Frost of Morristown for his assistance at the operation.

171 South Street, Morristown.

CAULIFLOWER CANCER OF THE CERVIX IN A WOMAN OF TWENTY.

Wm. Edgar Darnall, M.D., F.A.C.S.,

Atlantic City, N. J.

This case is reported because of the extreme rarity of carcinoma in a woman so young. It is true that there have occasionally been reported cases of carcinoma in young women, one in a girl of twelve years of age, but it is well known that such growths appear rarely before the age of forty. In a series of 262 hysterectomies for cancer of the uterus, including Wartheim's, ordinary panhysterectomies and a few vaginal, my next youngest case was 32 years of age. The malignancy of carcinoma in the young seems to be of a more virulent order. It is necessary for us not to be too positive that a patient does not have malignant diseases simply because of her age.

Lottie J., colored, age 20, came to the hospital because of a more or less constant flow and a feeling of fullness in the vagina. She was unmarried and there was no history of pregnancy or miscarriage. Her personal and family history were negative. She began to menstruate at 14. On examination the vagina was completely filled with a perfect cauliflower growth as large as a man's fist. She was a well developed dark colored girl, heart, lungs and kidneys normal. Wassermann negative, but anemic from constant loss of blood. A panhysterectomy was done and the upper zone of the vagina removed. The growth microscopically showed all the evidences of carcinoma and originated from the posterior lip of the cervix. It had destroyed the mucosa but had not yet invaded the deeply lying uterine muscle.

The patient reacted well from the operation and the next day was hungry for

food and wanted to know when she was going home. She stated that she did not have much pain and felt like she could sit up. Unfortunately that same night she was suddenly seized with a pulmonary embolism and died before the intern could get down stairs to her so that we could never know what the possibilities of recurrence would have been. In most of the carcinoma cases reported in the young, recurrence has been early and the course has been rapidly downward.

The pathologists report was adeno carcinoma. The case again accentuates the extreme importance of examining every woman who presents herself with unusual or irregular menstrual bleeding, no matter at what age.—Penn. State Journal.

Clinical Reports.

Fractured Patella; Diathermy.—Dr. Douglas A. Cater, East Orange, reported this case at the meeting of the Amer. Electro-therapeutic Asso'n, at Atlantic City: A young man about 35 years of age, who stepped off his back stoop in the dark and fell, striking his knee on the flagstone and fracturing his patella. An x-ray of the knee showed the patella broken into four distinct pieces. After reducing the swelling by firm strapping and employing daily massage by an experienced masseuse, it was found that the fragments could be coapted by suitable splints and adhesive plaster. After eight weeks in bed with the leg raised on an inclined plane, all apparatus was removed and good union was found to have taken place. There was considerable atrophy of the thigh and to a less extent of the calf. This atrophy he had tried to forestall by having the splints removed every day for two weeks for massage, but stopped the massage for fear of disturbing the approximation of the fragments. The knee was also very stiff, there being a range of motion of only about 10 degrees. Treatment by diathermy was instituted, lasting at first twenty minutes and then thirty and forty minutes. This was followed by the static wave with glass vacuum electrode to the thigh and leg muscles for five minutes. The diathermy technique was substantially that used by Captain Sampson at the Government Hospital at Fox Hills, and consisted of two block tin electrodes, moistened with soapy water, about two inches wide, one encircling the thigh above the knee and a similar one below the knee. These were held in place by elastic mesh bandages to allow for swelling of the limb. The current strength was up to 1,500 milliamperes. This was supplemented by daily active and passive motion. Improvement began at once and at the end of a week flexion had increased to above 20 degrees. After three treatments a week for six weeks 35 degrees flexion was obtained. After consultation with Dr. Price the treatments were given every day for a time. Improvement was steady until

the patient could flex his knee at right angles. Eleven months after the accident both extension and flexion were normal. This case was of interest in showing that good bony union could sometimes be obtained in fracture of the patella without operation and because it showed what diathermy would do in breaking up stiff adhesions and doing it painlessly.

Operative Treatment of Angina Pectoris.—

Jonnesco of Paris applied in 1896 total resection of the cervical sympathetic, including the first thoracic ganglion, in treatment of epilepsy and exophthalmic goiter, and he later applied the same treatment to glaucoma and to migraine. He here reports that he performed the same operation in 1916 to relieve angina pectoris in a man of 38, a syphilitic, inclined to abuse of alcohol and tobacco. He had five extremely severe attacks of angina pectoris in four months, and the aorta and heart were enlarged. Jonnesco assumed that the resulting irritation of the cardio-aortic plexus induced by reflex action the symptoms of angina pectoris, and that the reflex arc could be broken up by interrupting the communication between this plexus and the nerve centers involved in production of the angina pectoris. There has been no further attack during the four years to date, nor any symptoms remotely suggesting it. The symptoms had been limited to the left side, and the resection was on that side alone. There is no atrophy of the muscles of the face although there is some asymmetry from the eyeball's sinking in and the contraction of the pupils, but the man expresses great gratitude for having been freed from his horrible *maladie*.

Atropin Poisoning.

Dr. W. E. Forsythe, Ann Arbor, Mich., reports this case in the A. M. A. Journal.

A student, aged 22, during an attack of acute rhinitis, asked at a drug store for atropin tablets. He was given $\frac{1}{4}$ grain atropin sulphate dispensing tablets without assurance as to their intended use. He stated that he took one at 4 P. M. and that at 4.30 he noticed marked dryness of the nose and throat. This was followed in a short time by muscular weakness and dizziness. He took strong coffee and tea at 5 P. M.

When first visited at 6 P. M., the patient was lying down and complained of general weakness and dry throat. He was rational, but was very anxious concerning his condition. The pulse was 120 and respiration 30. The pupils were dilated. A mustard emetic was given, and the patient left at 7.30 P. M. showing no change except slight carphology. At 8.30 P. M. the patient insisted on getting out of bed, and made frequent trips to urinate. He was given 10 grains of chloral at intervals, but continued to be restless and talk irrationally at times until 9 A. M.

At 9.30 A. M., he was rational, comfortable, passing urine normally, and able to read medium print at 16 inches. The pupils were dilated and the mouth was dry. At 3.30 P. M. the pupils were dilated, and the mouth was moist. He was able to read fine print at 16 inches, and complained only of weakness. At the end of forty-eight hours after he had taken

the atropin the pupils were dilated and the patient had some general weakness; otherwise he was in good condition and resumed activity without further trouble.

Precocious Malignant Syphilis.—Drs. Queyrat and Mouquin, *Presse medicale*, report the case of a woman suffering from primary malignant syphilis, with fever and poor general condition. The Bordet-Wassermann reaction was partially positive. No spirochetes could be found, but under injections of novarsenobenzol the lesions underwent prompt retrogression, the temperature receded and the general condition improved. The writers make a distinction between severe syphilis and precocious malignant syphilis; in the former the spirochete is generally found, but in the latter it is wanting. The condition is a special morbid entity beginning with a chancre, often of ulcerative type. There was no mucous patches and no roseola. Lesions of different age are found on the patient at the same time, viz., papules, vesicopustules, and crusted and ulcerous lesions. The Wassermann remains negative at first, becoming positive two or three months after the start of the infection. The various mercurials and potassium iodide are generally insufficient to remove the manifestations of the disease. Arsenobenzol, on the other hand, is very efficacious. The etiology of this precociously malignant form of syphilis remains obscure. It does not seem possible to ascribe it to the general condition of the patient, for the disease occurs in robust individuals. Possibly a special strain of spirochete is responsible for it.

Rupture of Membranes Fifty Days Before Labor

H. R. Coston, M. D., Birmingham, Ala., in the *New York Medical Journal*, says:

Thirty years ago I reported a case of dry labor. (1) Briefly, that case had gone forty-six days from the rupture of the membranes until the delivery took place. A male child of eight pounds was born after a reasonably easy labor. Since that time I have watched the literature rather carefully, and have seen no report of any case approaching that interval between rupture of membranes and labor. The rarity of these cases prompts me to report a second case which has recently occurred in my practice, as follows:

I was called on July 13, 1919, to see Mrs. M. R., primipara, aged twenty-six, with the report that the membranes had ruptured. I responded immediately and found the woman sitting on the slop jar, in which there was a quart or more of fluid which resembled, and to all appearances was, liquor amnii. The os uteri admitted the tip of the middle finger, but was thick, and the head high up in the left occipitoposterior position. As there was no pain I gave the patient chloral and left her, with instructions that I should be summoned when needed.

I saw her occasionally and every few days examined her urine, which her husband brought to my office, until September 1st, 1919, when she went into labor and was delivered, after four and one-half hours, of an eleven pound boy.

I was called a half hour from the first pain, and reached her in a few minutes. The os uteri was dilated to the size of a half dollar

piece. There were no membranes present at that time and no history of her having lost any fluid, between my visit of July 13th and September 1st, making exactly fifty days from the time of rupture of the membranes until delivery occurred. Recovery was uneventful.

County Medical Societies' Reports

GLOUCESTER COUNTY.

Henry B. Diverty, M. D., Reporter.

The annual meeting of the Gloucester County Medical Society was held January 20, 1921, at Hotel Paul in Woodbury.

The report of the secretary and treasurer showed all bills paid and a balance in our treasury.

Dr. L. M. Halsey, who has been very sick in a Philadelphia hospital and not expected to live, is at his home in Williamstown much improved.

The following were elected officers for the ensuing year: President, Dr. Stephen Campbell; vice-president, Dr. David Brewer; secretary and treasurer, Dr. George E. Reading; censors, Dr. Harry A. Strait, Dr. James Hunter, Jr., Dr. Luther M. Halsey; annual delegate to the Medical Society of New Jersey, Dr. Stephen Campbell; permanent delegate to Medical Society of New Jersey, Dr. Harry A. Stout; reporter, Dr. H. B. Diverty.

Delegates to Camden County Society, Drs. H. B. Diverty, C. F. Fisher, James Hunter Jr., H. M. Fooder.

Delegates to Cumberland County Society: Drs. Wm. Bremer, L. M. Halsey, J. H. Underwood.

Delegates to Burlington County Society: Drs. J. Hunter, Jr., Stephen Campbell, H. A. Stout.

Delegates to Atlantic County Society: Drs. L. M. Halsey, J. Hunter Jr., H. M. Fooder.

Delegates to Salem County Society. Drs. S. F. Ashcroft, V. E. De Grofft, Wilson Stout.

Amendment to the Constitution was made to make our annual meeting in November.

A motion was made and unanimously carried to charge \$10 for examination of all insane patients.

Dr. Emma Richardson was present as a delegate from the Camden County State Board of Health and gave a pleasing and instructive moving picture exhibit of Diagnosis and Treatment of Syphilis.

HUDSON COUNTY.

Wm. Freile, M.D., F.A.C.S., Reporter.

The fifth regular meeting of the Society was held at the Carteret Club, Jersey City, on February 15th, 1921, with Dr. F. J. Quigley presiding.

The meeting was called to order at 8:30 P. M.

The Welfare Committee, Dr. F. J. Quigley, reported that a meeting had been held in Newark on January 27th, 1921, with the President of the State Chamber of Commerce and the President of the American Federation of Labor at the headquarters of the American Federation of Labor to consider Tentative Compensation Bill.

Banquet Committee reported that banquet had been held at the Union League Club on Saturday, January 29th, and was well attended. Dr. S. R. Woodruff presided as toastmaster.

Speakers: Father Mark Duffy, George L. Record, General Heppensheimer, Judge McCauley.

Membership Committee reported that members were working well.

Communications: 1. Letter from the Greenville Medical Society protesting against the advantage taken of free clinics and suggesting that a few test cases be tried to force prosecution under existing laws. This to be done by the Hudson County Medical Society. This was referred to Legislative Committee. 2. Letter from Radium Chemical Co. offering to give an exhibition of manufacture of radium. This was tabled.

The following candidates, having passed censors, became members by vote of Dr. W. A. Yeaton, Secretary: Dr. H. Hoops, Jersey City; Dr. J. H. Hekimian, Weehawken; Dr. C. P. De Fuccio, Jersey City; Dr. J. J. Brozdowski, Jersey City; Dr. H. Behrens, Jersey City; Dr. C. M. Peters, Hoboken.

Members proposed: Dr. P. D'Acerno, West Hoboken; Dr. Alvin Schulman, Union Hill; Dr. J. H. O'Connor, West Hoboken.

Motion was put and carried to pay all bills presented as read by the Secretary.

Speaker: Dr. F. Albee, of Post Graduate Hospital. Osteoplastic surgery was illustrated by motion pictures and lantern slides, and was discussed by Drs. Dickinson, Sexsmith, Bogardus, etc.

MIDDLESEX COUNTY.

M. F. Urbanski, M.D., Reporter.

The Middlesex County Medical Society met at the Perth Amboy City Hospital on February 16, 1921. Dr. Fithian presided and about 25 members were present. The minutes of the preceding meeting were read and approved. Dr. English offered the following resolution which was unanimously passed and ordered spread on the minutes:

The members of the Middlesex County Medical Society hereby express their profound regret on receiving notice of the death of our highly esteemed fellow member—Dr. Henry H. Janeway, whose loyalty to their society was ever manifested, especially in his retaining membership in our society after leaving the county several years ago to practice in New York City. His death, at the early age of 48 years, in the midst of a successful career, especially in the study and treatment of cancer by radium, is a cause for special sorrow and regret. It was on motion resolved that a copy of the above minutes be sent to the family of our deceased brother practitioner with the assurance of our deepest sympathy in their great sorrow.

Dr. Howley, chairman of the Welfare Committee, presented an outline of the bill to be introduced in the Legislature on the Chiropractic bill of last year; he also gave notice of the public hearing by the Legislative Committee on the "Compulsory Health Insurance Bill" and urged all the members who could to attend the meeting.

A motion introduced by Dr. Henry requested the secretary to write four copies of a letter to be forwarded to all the members, who in turn would sign same and mail at once to our representative legislators in Trenton, voicing our protests against the passage of the "Com-

pulsory Health Insurance Act." A copy of this letter is kept on file.

The paper for this meeting was presented by Dr. J. L. Lund of Perth Amboy, N. J., entitled, "A Resume of Abnormal Obstetrical Cases Seen in My Private Practice." The paper presented an excellent review of Dr. Lund's extensive career as an obstetrician and brought forth several very rare cases. The discussion of the paper was opened by Dr. J. G. Wilson and continued by several others.

PASSAIC COUNTY.

Leon E. De Yoe, M. D., Secretary.

The last regular meeting of the Passaic County Medical Society was held at Odd Fellow's Hall, Paterson, on the evening of February 10th, 1921. The President, Dr. John S. Yates was in the chair.

Dr. Russell L. Cecil of the Faculty of Cornell Medical College, New York City, delivered a splendid lecture on the subject of "Pneumonia With a Consideration of the Prophylaxis and Treatment."

Dr. Cecil divided pneumonia in two classes, the primary or lobar pneumonia, and the secondary or bronchial pneumonia. He stated that 95 per cent. of pneumonia was pneumococcal, and the remaining 5 per cent. being caused by the Friedlander bacillus and other rare organisms. The pneumonias were caused by the streptococcus viridans, producing the milder forms of the disease, the streptococcus hemolyticus causing the severe cases, which are so frequently followed by empyema, and the influenza bacillus which produces a bronchiolitis.

The speaker then described the experimental work which he had carried out on monkeys. He showed the path of invasion of the disease and related experiments proving that lobar pneumonia could not be produced by introducing pneumococci into the blood stream, or in the mouth, but it invariably followed the introduction of the organism into the trachea.

A splendid series of lantern slides were presented showing the disease in various stages of development.

He next spoke of the results obtained in the army by the prophylactic use of a saline vaccine made of the pneumococcus, types, one, two and three. The statistics indicated that the incidence of pneumonia was markedly reduced in the vaccinated regiments, monkeys, the speaker said, could be completely immunized against pneumococcus pneumonia by the use of this triple vaccine. In closing, Dr. Cecil spoke briefly of the results of pneumococcus serum therapy.

The paper was discussed by Dr. O. R. Hagen, who stated that the pneumonia morbidity in the vaccinated regiments after going to France remained low until after the first replacements with non-vaccinated troops.

Dr. Yates expressed the Society's deep appreciation to Dr. Cecil for his splendid lecture.

This was the first of a series of lectures to be given by speakers from the Faculties of New York Medical Colleges and is intended to partake of the nature of a post graduate course of instruction. The next lecture at our March meeting will be by Dr. Nelles B. Foster, of Cornell, topic, "Renal Disease."

SALEM COUNTY.

William H. James, M. D., Secretary.

The regular meeting of the Salem County Medical Society was held at the Nelson House, Salem, N. J., on Wednesday, February 2, 1921.

The following members were present: Drs. Hilliard, Green, Davis, Ewen, Sherron, Bassett and Hires, of Salem; Drs. De Grofft and Husted, of Woodstown; Dr. Good, Alloway; Drs. Glendon and Moore, of Bridgeton; Dr. James, of Pennsville.

Dr. A. J. Casselman, of Camden, gave a very interesting and instructive talk on the treatment of Syphilis. After the talk a number of questions were asked and the subject was freely discussed. At the close of the discussion a vote of thanks was given Dr. Casselman.

The society agreed to hold its next meeting in May, at the Salem County Club, where a social session as well as business meeting will be held.

Local Medical Societies' Reports

Associated Physicians of Montclair and Vicinity

Walter B. Mount, M.D., Publicity Com.

On February 17th, 1921, a special meeting of the Associated Physicians of Montclair and Vicinity was held at the Mountainside Hospital to urge an improved water supply for Bloomfield, Glen Ridge and Montclair. The water for these towns is taken from the Passaic River above Little Falls and is filtered and supplied by the East Jersey Water Company. Of late large numbers of bacillus welchii have been found constantly in the water, and the Board of Health of Montclair consider it unfit for drinking purposes. The mayors and health officers of Bloomfield, Glen Ridge and Montclair had been asked to be present at the meeting.

In enclose herewith two articles which appeared in the Montclair Times of February 19th concerning the meeting, and an account of the meeting from the Newark Evening News of February 18th. It is suggested that you publish in the Journal all or part of one of these articles, of which that from the Montclair Times seems to be the better. It is hoped that at least the resolutions which were passed may be published. The following were the resolutions adopted:

"Whereas, as there again have occurred many cases of intestinal disorder in this community, and whereas, laboratory analyses of our drinking water show the presence of undesirable pathogenic bacteria, and, whereas, the Montclair Board of Health has believed it necessary to advise the citizens living in this locality to boil all drinking water thirty minutes, be it

"Resolved, That the physicians of this society, known as the Associated Physicians of Montclair and Vicinity, request and urge the governing bodies of the communities here represented to provide at as early a date as practical with a pure and wholesome water supply, and be it

"Resolved, That copies of this resolution be sent to the clerk of each municipality represented, and also to the Senator from this county and the chairmen of the public health com-

mittees of both branches of the New Jersey Legislature."

Dr. Areson opened the meeting with a statement of its purpose and a strong recommendation that action be taken in support of the Montclair Commissioners' efforts to procure a better water supply. He was followed by Dr. William W. Cox, a member of the Montclair Board of Health, who explained that the health board had adopted a resolution requesting that the Montclair water be boiled because it believed that the condition of the supply might be dangerous.

The following is the editorial from the Montclair Times:

Montclair's Just Claim.

While Montclair was denied permission to make use of Split Rock Pond as a source of water supply, it is hard to believe that the State Board of Conservation and Development can withstand the force of public opinion now impelling the Board of Town Commissioners to seek another source of potable water for this community. The conditions which have prompted the Board of Health and Mayor McConnell to issue a warning as to the danger of using the water in its raw state for drinking purposes will not be tolerated any longer by a public that has been compelled to endure an unsuitable water supply for so many years. Facts brought out at the meeting of the physicians of the town and vicinity to consider the danger attendant upon the use of what was there termed "refined sewage" were such as to convince even the most conservative of the medical fraternity that their organization should give its approval to any movement that would bring about a better water supply. The support of the Associated Physicians will give the Town Commissioners a new leverage to move the State Board to a recognition of Montclair's just claim for a better water supply.

Summit Medical Society.

William J. Lamson, M.D., Secretary.

The regular monthly meeting of the Summit Medical Society was held at the Highland Club, on Friday, February 25, 1921, Dr. Lamson entertaining and the president, Dr. Prout in the chair. Present: Drs. Alexander, Bebout, Bowles, Clark, English, Falvello, Keeney, Lamson, Moister, Prout, Reiter, Tator, Tidaback and Wolfe, and Dr. Milligan of Summit as guest.

Dr. J. L. Meeker of Summit was elected a member of the society.

The paper of the evening by Dr. Harold R. Mixsell, of New York, on "Acute Intestinal Intoxication in Infancy." He dwelt particularly on the symptoms and treatment of the acidosis which occurs in the severe cases, and demonstrated a practical and easy method of determining the lowered carbonic acid tension in the alveolar in such cases.

In the treatment of acidosis it is of the utmost importance to supply fluid to the body to replace that which has been lost, and he described various methods by which this may be done, viz: (1) by mouth; (2) by rectum; (3) by hypodermoclysis; (4) by intraperitoneally, and (5) intravenously, preferably into the longitudinal sinus. Normal saline solution is

used, in amounts of 200 to 25 c.c., repeated p. r. n. Of these methods the best is a combination of the intraperitoneal and the intravenous. The mortality has been reduced by this treatment from 75-90 per cent. to 30-50 per cent. and its ease and safety make it the most desirable way of handling these cases.

Miscellaneous Items

Anthrax from Gloves.—A case of anthrax believed to have been caused by infection from a pair of undressed kid gloves, is under treatment at St. Mary's Hospital.

Physician Operates on Himself for Appendicitis.—Dr. E. O. Kane, chief surgeon at the hospital at Kane, Pa., operated upon himself on February 16 for chronic appendicitis. He applied a local anaesthetic during the operation. His only assistant was a nurse, who held his head forward that he might see.

Chiropractors Seek Special Licensing Board.—Representative James A. Dunn of Philadelphia has introduced into the lower house of the state legislature a bill for the creation of a licensing board for chiropractic practitioners, to be called the Pennsylvania State Board of Chiropractic Examiners. It is reported that, far from sanctioning any new special boards, the department of public instruction is preparing a bill whose object is to wipe out all the special medical boards that have been created and to combine them under one central authority which shall have the power to examine and license all practitioners of the healing art. This bill will have the indorsement of the state administration, the state health department and the state medical society.

"Sleeping Sickness" in New York.—From January 1 to February 15 there were reported to the New York Health Department 179 cases of encephalitis lethargica, and forty-seven deaths. The department does not believe that this fairly represents the situation, inasmuch as the disease has but recently been made reportable. The mortality rate from the disease is estimated at 10 per cent. and this would indicate that there have been in the neighborhood of 470 cases since the first of the year. During the week ending February 19 there were fifty cases reported with three deaths. The Laboratory of the New York State Department of Health has turned all its laboratory resources to the effort of discovering the cause of lethargic encephalitis. In Detroit, Mich., Health Commissioner Dr. H. F. Vaughan reports that there have been fifty-eight cases of "sleeping sickness" reported to the Detroit Board of Health since January 1. There have been twenty-seven deaths, almost double the mortality from the disease last year. The Health Department has put a special staff of nurses and physicians to work to learn, if possible, the source and manner of spread of the disease.

The names of members omitted in the Official List issued by the Secretary will be inserted in the April Journal if sent to the Editor by March 29th.

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Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

NOTE.—The transaction of business will be expedited, and prompt attention secured if,—

All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to THE EDITOR.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review advertisements, or any matter pertaining to the business management of the JOURNAL are sent direct to THE CHAIRMAN OF THE PUBLICATION COMMITTEE.

TRUSTEES MEETING.

The Board of Trustees of the Medical Society of New Jersey will meet on Tuesday, March 15th, in the rooms of the Academy of Medicine of Northern New Jersey, 91 Lincoln Park, Newark, at 2 o'clock P. M.

MEDICINE AND THE STATE.

Our next President will not lack for intimate counsel on medical topics in his administration of the country. His father, Dr. George T. Harding, has been for many years a physician in Marion, Ohio, and a brother, Dr. George T. Harding, Jr., is a practicing physician of Columbus. Perhaps we may hope for a scientific administration—if there is anything in heredity, we may reasonably expect one.

ASSEMBLY BILL 245.

There ought to be no question about the passage of Assembly Bill No. 245, maintaining the standards of the medical profession, which is unquestionably a bill for safeguarding the lives and the health of the citizens of the State of New Jersey. There certainly should be high educational requirements for all persons—of all so-called schools of medicine—whom the State shall license to care for those sacred interests. And there ought

to be no difference of opinion about the propriety—yes, the essential need for safety—of having but one State Medical Examining Board for all applicants—Bill 245 should be passed by a unanimous vote of both Senate and Assembly.

We take the following opening and closing paragraphs from a lengthy editorial in the Newark Evening News of February 28th, under the heading: "Not a Doctors' Fight; A Question of Standards":

"If chiropractic and osteopathy are to gro win public confidence and employment as departments of healing, those who practice them are vitally interested in placing them upon the highest plane. To do this they must seek not only to prevent intrusion of the unfit, nor only to raise standards within the school, but to meet tests which experience has constructed for all practitioners of the art, which, next only to divine providence, holds the balance between life and death. * * *"

"To raise a hue and cry against persecution when standards are demanded is poor policy. It suggests, fairly or not, a disposition to beg the issue. The issue raised by these bills at Trenton is that this State's standards of medical fitness shall be high, whether a man undertakes to cure malaria with pills of quinine or of sugar, by spinal manipulations or massage, by vaccine or thought transference, or merely by screening the bed chamber against Anopheles.

"The public health and the public safety are involved. In such issues politics and special privilege have no place.

THE WILLIAM PIERSON MEDICAL LIBRARY ASSOCIATION, ORANGE

When Dr. William Pierson, Jr., so many years secretary of the State Society, died, he left a library of about two thousand volumes. Mrs. Pierson offered the books to the medical men of the Oranges as a tribute to the memory of the Doctor. The Society was organized, not only to provide a medical library, but also to be a medical center, and a course of medical lectures was established which has been given every year since 1901.

This was the first University extension course of medical lectures established in America. Upon the rostrum of this Society have appeared many of the leaders of medical thought in our country. The

usual plan of the lectures has been to take a single subject for study each year. The 1920-21 course is devoted to obstetrics and has been unusually successful.

At the time of the establishment of the Society, Mr. J. W. Stickler had presented a new building to the Orange Free Library in memory of their son, the late Dr. Joseph W. Stickler, Jr., in which should be established a medical alcove.

The medical Library Association secured the use of a large room in the basement of the building for its meetings and reading room, and the use of the alcove for its books. During the twenty years this room has become the center of all the medical activities of the Oranges, but the books have accumulated to such a degree, both in the medical and in the general library, that it has been deemed wise that the medical library should find other accommodations.

When Mrs. Pierson gave the books to the Doctors, she also established a fund of five thousand dollars for their support. During the past year the Misses Margaret and Louise Pierson, the Doctor's only children, have given to the Medical Library, the homestead where the Doctor lived during all his married life, as a perpetual memorial to their father. This house was erected upon part of the land that had belonged to his father, Dr. William Pierson, Sr., and his maternal grandfather, the Rev. Dr. Asa Hilyer had owned it previously. Within a stone's throw of the house his grandfather, Dr. Isaac Pierson, and great grandfather, Dr. Matthias Pierson, lived and practiced medicine. This has always been a medical center, eight doctors now have their offices within a block of this corner of Main and Hillyer streets.

The doctors will occupy most of the first floor with the reading and lecture rooms. The Central Registry of Nurses, a department of the work of the Society, will have rooms on the same floor, and it is proposed that the nursese shall have a club room for recreation purposes. At present the two upper floors will be divided into apartments and rented. The membership of the Association comes mainly from Essex County, and numbers over one hundred; the meeting room will seat one hundred and fifty, and here the old well-known social medical societies will have their meetings and banquets; and here the lectures will be given, here

the nurses' associations will have their meetings. The other rooms will be reading rooms, with plenty of journals and open fires, where weary doctors may doze over their ponderous tomes or invoke the calm that sweet Lady Nicotine offers to her devotees.

This gift of the Misses Pierson is a beautiful tribute to the memory of a very dear father, but it is a great thing to do for the Doctors, to whom his life and memory has been an inspiration. Dr. Pierson's influence toward the elevation of the profession, and the development of the highest ideals of professional ethics was so great that his disciples recognize its effects even now, twenty years after his death. The memory of a great and useful life is perpetuated by this memorial.—T. W. Harvey.

We congratulate the members of the medical profession of the Oranges and of Essex County, and, indeed, of the State on this splendid gift of the Misses Pierson. It is not only a fitting tribute to the memory of one of the ablest and most highly respected physicians of our State, but also of one of the most faithful, devoted officers the Medical Society of New Jersey ever had.

WASTING THE MEMBERSHIP MONEY.

Each month we are presented with a bill by the printers for approximately \$50.00 for authors' changes and corrections. This represents a waste of six hundred or more dollars of the Society's money each year. This is extravagance and not a legitimate charge against the cost of publishing the Journal.

Papers sent for publication are accepted in good faith by the editor. Practically all of them have been read before a medical society and for this reason it is presumed that the article is a finished product.

After receiving the paper (either directly from the author or the secretary of the medical society before which it was read) the editor in the regular course has the article set up and proof sent to the author for his O. K. Only mistakes in orthography, punctuation or linotype errors are legitimate items for correction in the proof.

Recently after a paper was set in type and proof submitted the author rewrote the entire article expecting the Society

to stand the double expense of resetting. Many physicians seem to feel that even after an article is set up and proof submitted they are at liberty to rewrite goodly portions of it. This attitude is not fair to the editor, the membership of the society, or the board of trustees charged with the responsibility of conserving the Society's exchequer.

We believe the rank and file will see the justice of our position and that during the coming year we will be able to keep this unnecessary expense at the minimum.—Illinois Med. Jour.

The above applies with equal force to the New Jersey Journal.

CHRISTIAN SCIENTISTS' CONDUCT AND PRACTICES.

The following is a letter from Thomas L. Woolwine, District Attorney for Los Angeles County, California, to Dr. C. E. Humiston, President of the Illinois State Medical Society.

Owing to the increase in crime and the inadequate force at my disposal, I am overwhelmed and overburdened with work, and consequently would not have the time to enter into any elaborate discussion of this matter.

It is a matter of common knowledge that these fake healers are constantly defying the sanitary and quarantine measures designed and intended for the protection of the people at large, and that they pretend by some sort of mental process they can cure the most virulent, communicable and oftentimes incurable diseases. They even indulge in the absurdity of absent "treatments." The knowledge that they are charging so much per prayer in dollars and cents makes their conduct, to my mind, still more reprehensible. The number of lives of helpless and dependent little children who are sacrificed yearly on the altar of this fanaticism must reach alarming proportions.

I am engaged in investigating the conduct of these fakers wherever I can obtain the evidence, and have already had the district attorney's office represented at two inquests, with a view to criminal prosecutions of parents who refuse and neglect to provide medical attendance for their children. These "practitioners" take advantage of a law of the State of California which allows persons to treat the sick by prayer, without the necessity

of obtaining a medical certificate, but this does not relieve the parent of the obligation to provide the medical attendance required by the statutes in cases of sick children. Section 270 of the Penal Code of the State of California makes such neglect or omission upon the part of a parent a felony. I am inclined to the opinion that the Christian Science practitioner might, in spite of the exception in the Medical Practice Act, be prosecuted for aiding and abetting the parents in their crime. Under legal principles that are known to any well-informed lawyer, the crime would be manslaughter on the part of the parents in case of the death of the child.

The great difficulty in handling this situation is found in the obstacles to the securing of evidence. I already have three or four cases under consideration, and whenever sufficient legal evidence is presented to me or can be obtained, I intend to prosecute, and, insofar as I can, to throw the light of publicity upon this commercialized fanaticism that fattens upon the blood of helpless children and deluded adults. It is regrettable that in many instances "accommodation" death certificates have been signed by physicians, and sometimes by the coroner, where persons were treated by these fakers. This practice should be immediately discontinued in every jurisdiction, and wherever children go to their death by lack of medical attendance, post mortems and inquests should be held to ascertain the cause of death, with a view to appropriate criminal prosecutions. Any defiance of sanitary and quarantine regulations by these fakers should be carefully scrutinized and dealt with.

Sometime ago when Los Angeles was in the throes of the "flu" epidemic, the Christian Scientists defied the health regulations and insisted upon assembling in their places of meeting, and the matter had to be taken into court to force a compliance with these humane laws.

We have found in cases of diphtheria and other communicable diseases, infected children have been allowed to go to school and to play with their companions, spreading the disease, and in numerous instances causing many deaths that might have been avoided but for the dangerous teachings and practices of persons who have been deluded into a belief that sickness and death may be avoided by some

mental process beyond the comprehension and understanding of persons of common sense and sound judgment.

If my views upon this matter, hurriedly dictated, but which contains in an imperfect way my deliberate conclusions upon a very grave situation, can be of any service to you, you are at liberty to print them in your periodical.

STANDARDIZING SURGEONS' FEES.

We are reliably informed that unless present plans miscarry there will be introduced into the next Michigan legislature a bill seeking to standardize the fees that physicians and surgeons will be allowed to charge for their services.

This bill we understand is to be introduced at the instigation of a Michigan multi-millionaire and will be backed by all the influence at his command. The threat to introduce the bill is taken seriously by the Michigan physicians and an active propaganda to combat the proposed legislation is already under way.

As we have said repeatedly there is a nation-wide campaign which has as its object the destruction of the individuality of the physician and a further attempt to measure all men by the same yardstick regardless of the fact what is one man's girth is another man's neckband. Standardized medical fees would destroy all initiative and stop medical progress.—Illinois Med. Jour.

THE NURSING PROBLEM.

In his series of articles on Central and South America, the first of which appears in this issue of The Journal, Dr. Mayo calls attention to the nursing problem as he witnessed it in the Canal Zone. He speaks as one who has intimate knowledge of the value of the trained nurse and also as one who has observed the serious effects of the shortage of nurses for the general public. He emphasizes, as the Journal has done, the fact that a highly trained nurse is not necessary in the vast number of cases of ordinary illness. What is needed in such cases is an intelligent woman who has knowledge of the ordinary elementary facts of hygiene and care of the human body combined with good common sense. As Dr. Norman Bridge recently said in his commencement address before the graduates of Rush Medical College: "Any bright girl can be taught in sixty days to take temperature, pulse and respiration accurately, to prepare and

administer invalid diet, to administer drugs in numerous ways, to give baths and fomentations, and attend to the personal wants of the invalid and to keep accurate records of the patient, and of her own doings."

Dr. J. Marion Sims, the great American surgeon, the father of gynecology, said when he was laboring to establish the Woman's Hospital in 1854, in a letter to his wife: "When I look into my heart I do not see that my motives are at all selfish. The only selfishness that I feel is the desire to do good, to be a benefactor of my race, and I sincerely pray that my labors may be blessed so far as they tend to relieve suffering humanity, to advance the cause of science, and to elevate the condition of the medical profession. You can understand me. The world may not. It is a glorious thing to feel that you are above the dross and glitter of mere pagentry. Money is trash and may be blown away by the wind. Honors are evanescent and may be snatched by another. Even reputation may be tarnished by the slanderous tongue of an envious villian, but the proud consciousness of rectitude, coupled with true, benevolence, lives in the heart of its possessor and is as immortal as the soul itself."

We were pleased to receive a copy of the first issue of the new journal entitled The American Journal of Obstetrics and Gynecology, Dr. G. W. Kosmak, Editor and published by The C. V. Mosby Co., St. Louis. The progress made in this department of medicine and the increased interest of those engaged in it as specialists, has justified the issuance of this new journal specially devoted to it, and if the first issue is a sample of those to follow, it will be welcomed not only by the specialists of that and other branches, but also by the general practitioner.

Income Tax in a Nutshell.

WHO? Single persons who had net income of \$1,000 or more for the year 1920; married couples who had net income of \$2,000.

WHEN? March 15, 1921, is the final date for filing returns and making first payments.

WHERE? Collector of Internal Revenue for district in which the person resides.

HOW? Full directions on Form 1040A and Form 1040; also the law and regulations.

WHAT? Four per cent. normal tax on taxable income up to \$4,000 in excess of exemption. Eight per cent. normal tax on balance of taxable income. Surtax from 1 per cent. to 65 per cent. on net incomes over \$5,000.—From Illinois Med. Jour.

Dr. Morton in the Hall of Fame.—At the recent election the Hall of Fame at last made place for the name of a representative of the medical profession, Dr. William Thomas Green Morton, who first demonstrated to the world the possibilities of surgical anesthesia, being the first physician so honored.

Therapeutic Notes.

Constipation.—Roy Upham, in discussing the dietary treatment of constipation, gives the following formula for a special bread which he has found advantageous:

Two cups of wheat bran.

One cup of flour.

One teaspoonful of salt.

One and a half teaspoonfuls of baking powder.

Three tablespoonfuls of molasses.

Mix bran and flour, baking powder, salt, and molasses. Then add enough milk to make a dough. Various fruits, such as raisins, figs and dates, may be added if desired. Bake the dough in the form of a loaf, or gems to vary the monotony. This same dough can also be steamed as a pudding and served with honey or other syrup.—New York Medical Journal.

Endometritis.

Benzyl Benzoate Aromatic,
representing, 5 min.

Apiol, 1 min.

Viburnum Prunifolium, 2 gr.

Valerian, 2 gr.

Ext. Nux Vomica, 1-8 gr.

Oil Cajeput, 1-8 min.

Relieves the boggy enlargement of the uterus and gives quick relief in dysmenorrhoea. For one dose after each meal and at bedtime.

Gelsemium in Influenza.—William D. D. Small states that at the beginning of the second wave of influenza he and one of his associates carried out investigations with the object of determining the relative value of certain likely remedies. Groups of patients were put upon different drugs, and their progress was noted and compared. Among the drugs tested in this way was gelsemium. The cases treated with this remedy improved in a manner far exceeding those who were given any other drug. All their patients were thereafter put, as a routine, upon moderate doses of gelsemium, in the following prescription:

Tr. Gelsemii, m xij.

Tr. Belladonnae, m v.

Potass. Citratis, gr. x.

Syr. Aurantii, ʒj.

Aq. Chloroformi, ad ʒj.

Sig.—One ounce every four hours, for the first twenty-four hours; thereafter half an ounce four-hourly until the temperature is normal.

The remedy should be discontinued after the temperature has reached the normal. In a very small number of cases, the use of the remedy was attended by slight ocular disturbances, and if too long continued it may give rise to mild head symptoms. No other disadvantages were noted in the large series in which it was used.—Edinburgh Medical Journal.

Suppression of the Menses.

Tr. gelsemium, ʒiij.

Tr. pulsatilla, ʒiij.

Viburnum co, ʒj.

Syrup, ad. ʒiv.

M. Sig.: One dram four times a day in water.

Uvulitis.

Inflammation of the uvula may accompany a pharyngeal catarrh. Then the uvula appears red, swollen and edematous and may excite cough. It should be treated by an astringent gargle, such as the following:

Aluminis, gr. x.

Glycerini, ʒi.

Inf. rosae acidi ad, ʒi.

Signa: To be used frequently.

Or the parts may be painted at suitable intervals with glycerite of tannin, or with a mixture of equal parts of liq. ferri chloride and glycerin.

When the uvula is relaxed and edematous it should be seized by a pair of forceps, drawn into the mouth and freely scarified with a sharp knife. This procedure is almost painless and the relief it gives is instantaneous and complete.

Nerve Deafness to Congenital Syphilis in Three Children.

The cases reported by M. B. Kay, Pittsburgh, are remarkable not because syphilis has produced deafness, but because it has attacked all three children of one family in the same manner, every other part of the body escaping but the eighth nerve. Owing to the fact that at least a year had elapsed before signs of deafness developed, Kay believes that these are undoubtedly cases of "late hereditary syphilis." Each of these children was put on ascending doses of potassium iodid, reaching 35 grains, three times a day. The general result has been good.

Treatment of Diphtheria.—Dr. Aurelio Ramos (La Medicina Ibera), divides the treatment into specific, local and general. As to specific treatment he emphasizes the importance of the administration of a sufficient dose of serum at the outset, preferably by the intravenous route, and he does not repeat the dose until the second or third day. He disregards the dangers of anaphylaxis as being very rare. Locally he has had the greatest success with Dakin's solution and pyocyanase which is an enzyme obtained from cultures of the pyocyanous bacillus. This enzyme was found by Emmerich and Loew to inhibit the growth of the diphtheria bacillus and to fix its toxins, at the same time dissolving the membrane. General treatment consists of rest in bed with attention tachycardia, high temperature, and albuminuria.

Prevention of Goiter.—The latest report on the prevention of goiter by administration of sodium iodid by Marine and Kimball—an investigation carried out under a grant from the Therapeutic Research Committee of the Council of Pharmacy and Chemistry—indicates a striking difference between those girls not taking and those taking iodine. The difference is

manifested both in the prevention of enlargement and a decrease in the size of existing enlargements. Of 2,190 pupils taking 2 gm. of sodium iodid twice yearly, five have shown enlargement of the thyroid, while of 2,305 pupils not taking the prophylactic, 495 have shown enlargement of the thyroid. Of 1,182 pupils with thyroid enlargement at the first examination who took the prophylactic, 773 thyroids decreased in size, while of 1,048 pupils with thyroid enlargement at the first examination who did not take the prophylactic, 145 thyroids decreased in size.—*Jour. A. M. A.*

Powdered Charcoal in Chronic Dysentery.

Dr. Fayolle, while medical officer with the troops in the Balkans, treated over 250 cases of chronic dysentery which had proved intractable to the ordinary methods. He found that charcoal powder gave excellent results and allowed patients to absorb rather more solid food than milk without increasing diarrhea, even during the first few days of the treatment. Small doses are not to be given. He started with at least 15 to 30 grams of charcoal powder per day, divided into several doses. The daily dose may be diminished as improvement takes place. The best method of administration is in suspension in tea, coffee, or water. Fayolle suggests that the treatment might be applied in acute cases of dysentery, in all infective diseases with their lesions in the small intestines and in all ulcerations of the digestive tract.—*Medical Press.*

Hospitals; Sanatoria, Homes.

The Memorial Hospital, Morristown, has been left \$25,000 under the will of William V. S. Thorne.

Muhlenberg Hospital, Plainfield, admitted 297 patients during January. There were 176 operations and 924 visits to the dispensary. Thirty-six babies were born there.

Bridgeton Hospital Report.

The report for January shows: Number patients admitted in January, 50; discharged, 51; operated upon, 35; died, 2; number of patients remaining, 23. Total days patients, 669. Births, 3.

New Brunswick Hospitals Remembered.—The Middlesex General and the St. Peter's General Hospitals will each receive \$250 according to the will of Louis Posner, who recently died at New Brunswick.

Salem Memorial Hospital.

Wm. H. James, M.D., Secretary.

The following is the report of the hospital for the month of January, 1921: Remaining in the hospital Dec. 31st, 23; admitted during January, 34; discharged, 42; operations, 14; deaths, 1; births, 4; remaining in the hospital Jan. 31st, 15.

The following doctors were added to the staff: Drs. W. P. Glendon, Levi B. Hirst, A. Haines Lippincott and J. Thompson Schell, the latter of Philadelphia.

Bonnie Burn Sanatorium.

Dr. John E. Runnells, superintendent, sends the following report for the month of January, 1921: On January 1st there were 209 patients in the Sanatorium, 110 males and 99 females. This number includes 27 males and 32 females in the Preventorium. During the month 38 patients have been admitted, 27 males and 11 females. Seven of these admissions went to the Preventorium. Among these admissions there were three readmissions. The admissions are classified as follows. Pretubercular, 10; incipient, 1; moderately advanced, 5; far advanced, 22. The largest number of patients present at any time during the month has been 232; smallest number 209; present January 31st, 1921, 232 patients.

Home for Medical Staff.—The State has bought the property of W. S. Roe of Newark, situated on the Old Dover road. After alterations are made to the house it will be used as living quarters for members of the medical staff of the State Hospital at Morris Plains.

North Jersey Home for the Feeble-Minded.

Assemblyman A. E. Stephens, of Bayonne, has introduced a bill in the Legislature providing for a State appropriation of \$400,000 for the construction of a training school and home for feeble-minded persons in the northern part of the State. The bill has been endorsed by the local Board of Education, Federation of Women's Clubs, Knights of Columbus, Elks, Rotary Club and several other organizations in Hudson and other northern counties. The bill provides for the appointment by the Governor of a board of managers consisting of seven residents of the counties affected and three of the seven must be women.

Need for New Hudson Phthisis Home.

Abandoning the Hudson County Tuberculosis Home at Laurel Hill is being discussed by Dr. H. A. Pattison and Miss M. E. Marshall of the National Tuberculosis Association. Criticisms contained in the report of the survey made are in the main favorable of the institution and its administration, but the location of the institution which is surrounded by salt marsh meadows is deprecated. This results in annual visitations of mosquitoes which coupled with the fact that on the same grounds are the county alms house, insane asylum and penitentiary, make the site an undesirable one. The report does not favor the building of such large wards as are used at the institution for patients with advanced tuberculosis. At the same time the investigators said they had never seen wards maintained more neatly or fresher in appearance. The medical director and his assistants were praised. It is believed that the sanatorium should be abandoned.

Hospital Plan for Disabled Veterans.

Preparations are under way by the Treasury to launch the proposed \$18,000,000 hospitalization expansion program for the benefit of disabled war veterans as soon as the funds are made available by Congress. Proceeding on the plan now before the Senate for adoption, Mr. LaPorte stated, the Treasury is making ready for the expansion of fifteen existing hos-

pitals and the erection of five new plants in order that the work can start on short notice. Completion of the program, he said, would provide accommodations for treatment of about 30,000 patients, which is the average number expected during the coming year.

At present, Mr. LaPorte said, the government has about 10,000 beds of its own for treatment of service men, another 12,000 are cared for in private hospitals, and an addition of 8,000 beds to the existing federal facilities is planned. The five new hospitals, Mr. LaPorte said, will cost about \$2,500,000 each and three of them will contain 1,000 beds each if the present plan is carried out. Consideration now is being given to the choice of sites for these institutions, he said, which means a careful study of the facilities in various locations as to centers of population for disabled veterans.

Expansion of existing public health service hospitals and army forts now used for that purpose and increases in medical personnel, Mr. LaPorte said, will absorb the rest of the funds now contemplated. These hospitals, he said, are located at Boston, New York, Perryville, Md.; Norfolk, Whipple Barracks, Ariz.; Chicago, Lake City, Fla.; Atlanta, Louisville, Fort Bayard, N. M.; Evansville, Ind., and Pittsburgh, while the army forts are Fort MacKenzie, Wyo.; Fort Walla Walla, Wash., and Fort Logan, Ark.

Efforts will be made, Mr. LaPorte stated, to have the hospitalization program in operation within a year.

Education of Doctor is Chief Function of Hospital.

That the hospital's primary service should be in the education of the general practitioner of medicine, the care of the sick a secondary consideration, was the somewhat radical view put forward at a meeting of the Academy of Medicine of New Jersey. It came from Dr. John R. Williams of Rochester, who addressed the eighty-five doctors making up the gathering.

Dr. Williams is director of the Hahnemann Hospital in Rochester, in which, it was brought out, experiments are being made as to the service value of "the ideal hospital." The hospital, the speaker urged, should become to the doctor what the law courts are to the lawyer—a spur, an inspiration and a means of advancing his knowledge and improving his practice of his calling. Every doctor, he asserted, should be identified with a local hospital, that under expert teaching he might absorb the latest developments of his science and keep pace in his practice with the growth of knowledge in his profession.

The average doctor, the speaker contended, sees about 3,000 patients a year. If each year he learned something more of his science, and how to apply his growing knowledge more effectively in practice, incalculable benefit to the race would be multiplied through his agency. The hospital was the ideal training ground for this purpose, Dr. Williams declared, and would attain a wider usefulness and fulfill a greater ideal of service through such a system as was proposed. "The general public realizes that present-day methods of medical

education are not filling the needs of the times," said the speaker. "A vital need for better physicians is everywhere apparent. Hospitals are mostly surgical institutions, and few enter them for clinical observation. Surgery very rarely prevents disease. Like most medical practice, it deals with the results of disease and not the beginning. Doctors have rarely tried to learn the true cause of disease. Their business is to check what has already commenced.

"Seventy per cent. of the common practitioners are not identified with any hospital; and yet the majority of cases pass through the hands of the common practitioner, or family doctor. These doctors depend upon cursory reading and occasional lectures for the furtherance of their professional education, and consequently do grow with their profession. Few of them make a complete diagnosis of their cases, and fewer still make a complete physical examination of their patients. They are content to make merely a local examination. In the Hahnemann Hospital we are making every local physician a member of the staff, and he must conform to certain rules of the hospital, which require a complete record of each case, and complete examination and diagnosis. The hospital has a completely equipped laboratory system, and any sort of examination is made without charge to the patient. Chemistry as applied to diseases is a new art, especially the chemical examination of the blood. In one year we made about 6,000 examinations in our laboratories, at a cost of about fifty per cent. per patient, with a staff of nine trained technicians."

Dr. Williams emphasized the importance of hospitals offering laboratory examinations at reasonable cost to patients. Usually, when an x-ray examination is made, he declared, the specialist charges the patient \$10, while the actual cost is probably \$2. Such examinations should be provided by every hospital at cost, Dr. Williams declared.

Marriage.

MASON-SHRIEVE.—In Atlantic City in December, 1921, Dr. James H. Mason to Miss Violet Shrieve, both of Atlantic City.

Deaths.

PARKHURST.—In Paterson, N. J., January 29, 1921, Dr. Gabriel H. Parkhurst of Allendale, N. J., aged 84 years.

THOMPSON.—In Philadelphia, February 17, 1921, suddenly, Dr. John R. C. Thompson of Bridgeton, aged 60 years.

Dr. Thompson was born in Bridgeton, May 2, 1860. After his preliminary education he studied medicine and graduated from Jefferson Medical College in 1888 and began practice soon after in Bridgeton. He filled several positions as a physician, having been county physician up to the time of his death. During President Harrison's administration he served as a member of the Board of Pension Examining Surgeons and some years ago he served

both as a member and as a physician of the Board of Health. He was a member of the Cumberland County Medical Society, the State Society and the American Medical Association. He served two terms as Surrogate of Cumberland County and Clerk of the Orphans' Court and received a high endorsement of his efficient administration of the Surrogate's office signed by forty-seven members of the Bar in the county. He was also a member of Masonic organizations.

GIFFORD.—At Haddonfield, Feb. 25, 1921. Dr. Charles W. Gifford Sr., aged 81 years.

Dr. Gifford was a former surgeon of the U. S. Navy.

GARRISON.—In the Atlantic City Hospital, February 15, 1921, Mrs. Margaret Garrison, widow of Dr. Daniel Garrison of Collingswood.

ISZARD.—At Camden, N. J., Feb. 22, 1921, Mrs. Harriet S., wife of Dr. William H. Iszard of Camden.

Personal Notes.

Dr. Edward Ackerman, Dover, and wife spent ten days last month in Bermuda.

Dr. William J. Chandler, South Orange and wife spent the month of February in Florida. The doctor needed the vacation for rest after hard work and the results of a severe bronchial attack.

Dr. John H. Moore, Bridgeton, was recently elected president of the local Board of Education. The doctor deserves the honor because of long and faithful service as a member of the board.

Dr. George C. Albee, South Orange, recently addressed the Outlook and Redmond Clubs on "Social Hygiene."

Dr. G. Wyckoff Cummins, Belvidere, lectured before the Knights of Pythias on "The Geology of New Jersey and Prehistoric America," recently.

Dr. Sherman Garrison, Cedarville, and wife enjoyed a vacation in Florida last month.

Dr. Walter P. Glendon, Bridgeton, was recently elected a member of the medical staff of the Salem County Memorial Hospital.

Dr. Benjamin Gutmann, New Brunswick, was obliged to take a much needed rest of a week in the South last month.

Dr. John C. Loper, Bridgeton, has been elected medical director of the Cumberland County Hospital in place of Dr. T. J. Smith, resigned.

Dr. William Martin, Atlantic City, was recently elected president of the Ventnor City Board of Education.

Dr. Herbert E. Riddel, Newton, has rented a house on Spring street and will take possession on April 1st.

Dr. Samuel L. Salasin, Atlantic City, was recently appointed director of the Atlantic City Tuberculosis Hospital at Pine Crest for a five years' term. He is also health officer of his city.

Dr. Thomas J. Smith, Bridgeton, who had been physician for the Cumberland County

Hospital since it was organized more than twenty years ago, recently resigned. The Bridgeton News says: Dr. Smith has been efficient and more than faithful in the discharge of his duties and the county has had the benefit of his services for more than a score of years—and at a compensation which scarcely deserves to be termed a salary. Dr. Smith has performed a real public service and his resignation was received with deep regret.

Dr. Irving E. Charlesworth, Bridgeton, has disposed of his house furniture and office equipment and moved to California.

Dr. George E. Galloway, Rahway, and wife are spending two weeks in Florida.

Dr. Henry W. Kice, Wharton, and wife are, with others, making a ten days' tour of the Bermuda Islands.

Public Health Items.

Bridgeton Health Report.—The secretary of the Bridgeton Board of Health reported at a recent meeting that there were 254 deaths in 1920, four more than in 1919. Also the following: Measles led in contagious diseases, there having been 57 cases reported, with chickenpox second with 53 cases. There was a drop in diphtheria, with 20 cases and two deaths in 1920 as against 74 cases and five deaths in 1919. Influenza showed a marked decrease, with 23 cases and two deaths as against 74 cases and five deaths in 1919. There was no decrease in the number of tuberculosis cases, there having been 28 cases each year. There were 18 deaths as compared with 16 deaths in 1919. About 65 per cent. of the cases reported proved fatal.

Montclair's Death Rate.—The health officer reports a death rate of 10.1 per thousand of population for the year 1919, being the third lowest in ten years, having been 9.8 in 1914 and 9.6 in 1915. Thirty-eight infants died, 59.2 per cent. during the first month of life. 43.7 per cent. of deaths were of people over 60 years of age. 44 per cent. of deaths were caused by pneumonia; deaths from tuberculosis were fewer than ever before recorded.

Boonton Health Report.—Figures prepared by the clerk of the Board of Health, place the 1920 death rate at 12.4 per 1,000, based on a population of 5,500. Sixty-five marriage licenses were issued. There were 109 births. Contagious disease cases totaled thirteen, eight being scarlet fever, four diphtheria and one typhoid fever.

Newark Health Report.

The report for December, 1920, shows the death rate for the month was 12.7 per 1,000 population. Deaths total 466. The leading causes: Tuberculous disease, 37; cancer, 31; apoplexy, 32; organic heart disease, 38; pneumonia, 63; Bright's disease and nephritis, 56; diphtheria, 10; diarrhoeal diseases under 5 years, 13; congenital debility and malformation, 34. A review of the year 1920 shows: Death rate, 13.4; infant mortality rate, 84.7; birthrate, 28.3. Deaths from all causes in the city, 5,551.

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NEUROLOGIC MANIFESTATIONS. OF PUBERTY.*

By **Alfred Gordon, M. D.,**
Philadelphia, Pa.

In order to understand why certain nervous or mental disorders develop particularly in the adolescent period of life and why certain pre-existing disorders become accentuated at that time it is essential first of all to ascertain what are the chief characteristics of Puberty that are apt to give an impetus to such manifestations.

Adolescence presents an active developmental period. It is a time of great physical and mental stress. New traits, sex interest, new sentiments make their appearance. The brain is more active in circulation and metabolism. We have good reasons to believe that the ductless glands which influence greatly the automatic nervous system and therefore the sympathetic, play normally a certain role in changes of disposition, mood and consequently of conduct and behaviour. During puberty these glands by reason of a very active circulation are more apt to modify the mode of feeling and therefore of acting. Adolescence is a critical period of life: the coming man or woman cannot readily abandon the traits of the passing childhood. There is naturally a struggle. Natural tendencies are now more in evidence, they may become perverted, exalted or abolished according to whether the combat between the infantile forces and the new requirements end in favor of one or the other. It is at this period of life when the mind either reaches a new development or succumbs under the new intolerable burden. Frequently

is great physiological crisis precipitates mental and nervous disorders if the predisposition is neuropathic. In normal conditions we frequently witness a very manifest change of character: the individual may become reserved or authoritative. There may be euphorism or depression.

From a practical standpoint the chief feature of the crisis in puberty is the continuous endeavor on the part of the adolescent to adjust oneself to the new physiological and psychic forces. Should the adjustment fail, neuroses and psychoses will ensue. Without entering into a psychoanalytical study of the subconscious elements which are fundamentally the essential active forces displayed during the formation of the nervous and mental disorders, let us consider briefly the end results.

Hysteria with all its physical and mental characteristics; obsessions, phobias, abouliias, hypochondriasis, anxiety neuroses, tics, spasms are all morbid manifestations to which an adolescent is particularly predisposed by reason of the above mentioned peculiarities. In other words, functional nervous disorders which are psychogenetic in origin, character and evolution find a large field and a fertile soil during a period of life when feelings, emotions or affects in general are especially mobile and consequently exercise a greater influence on behaviour, conduct, activities and formation of character.

Installation of puberty is of the most potent factors which facilitate the formation, not only of neuroses but also of psychoses. Dementia praecox occupies the most conspicuous place among all. Periods of exaltation alternating with periods of depression known under the name of cyclothymia (in a mild form) or manic-depressive insanity (in a pronounced

*Condensed address delivered before the South End Branch of the Philadelphia County Medical Society, January, 1921.

form) is another affection not infrequently encountered in adolescence. The process of development of puberty with its stormy changes in psychic life occurring at that period contributes to those psychoses a special mask, character and color.

Besides the study of specific nervous and mental disorders there is another problem of greater magnitude which deserves our attention. It is the problem of mental deficiency which acquires a special importance from the standpoint of puberty. If this special developmental period of life is associated with important physiological and psychic changes; if sentiments, tendencies, penchants and all sorts of traits are particularly disturbed during the period of the struggle between the infantile and juvenile forces, finally if adjustment of the former to the latter is the principal, if not the only aim during puberal evolution—by reason of these circumstances mental defectives will naturally show a total inability and succumb under the tremendous burden. The result will be approximately as follows: Obtusion of moral conscience; no struggle against passions; violent impulse; no judgment; no will; ego accentuated; intolerance; strong degree of envy and jealousy; bigoted hatred; cruelty; sexuality to a pronounced degree; finally criminality in all its forms.

Criminality, as an essential characteristic tendency of mental defectives, is one of the most important problems confronting us. Statistical studies show strikingly the effect of mental deficiency during the adolescent period of life. According to the Bureau of Education in Washington 20% leave school at puberty because of an inherent mental inability to advance. Petty and serious crimes committed by this large army of juvenile delinquents are a matter of common knowledge.

The brief survey of nervous and mental manifestations during the developmental period of puberty in normal and defective individuals leads us logically to a consideration of an outline of therapeutic and prophylactic conduct. It is obvious of course that intense attention to this important problem is indicated during childhood long before the serious physiological crisis commences to develop. All our efforts must be directed towards preparing the child for that important period of life in order to enable

it to meet the great conflict between various forces. The preparation must be first of all physical with its normal physiological requirements, next affective, viz., all pertaining to the emotional side of the child's life. Two elements must be borne in mind: inherited constitution and influences from without.

In bad heredity the child must be placed under favorable conditions: good nutrition; reasonable exercises; no overstrain; train resistance in case of pain and discomfort; control strong passions; train to overcome anger, worry; cultivate elevating emotions, such as hope, joy, expectations, love, they are all constructive and must be specially insisted upon. On the contrary depressive emotions, such as despair and sorrow, are damaging to the nervous system. Joy of work compels concentration of attention. Idleness, is education to nervousness. Regular systematic work is wholesome. To solve the problem of the nervous child Medicine, Psychology and Pedagogy must all be concerned.

The greatest therapeutic management should be undertaken in childhood and should be pre-eminently prophylactic. One must fight against undesirable predisposing factors which govern the destiny of the future man or woman. To strengthen the psychic forces is one of the most important measures in the course of preparation of a child for the adolescent period.

TWENTY-NINE YEARS OF OBSTETRICAL PRACTICE.*

By John L. Lund, M.D.,

Perth Amboy, N. J.

I thought it might be of interest to bring before the Society, for their consideration and discussion a resumé of some of the conditions I have encountered during my twenty-nine years of obstetrical practice in the City of Perth Amboy. Having devoted more time and energy to obstetrics I have naturally come across numerous cases apart from the normal. I have a record of 2,230 living children delivered to my credit, and out of their number there naturally must be some cases that have made a lasting impression on one's brain; so if you will bear patiently with me, I will cull them

*Read before the Middlesex County Medical Society, February 16, 1921.

out and present them to you as I recollect them.

I have seen but few cases of Monstrosities, but I well remember the first one I came across; it was in a primipara, she was making but slow progress with her labor, the cervix dilating very slowly. When I made my first vaginal examination, my finger came in contact with a sharp shelf of bone, and I was stumped for a time, could not make it out, so I made an abdominal examination and found the foetus lying with its head down toward the mother's pelvis. I again examined her per vagina, and at last came to the conclusion that the bony ridge I felt must be the frontal bones because I could map out the eyes and nose of the foetus, so I concluded that it must be a monstrosity that I had to deal with. The mother was eventually delivered with the aid of forceps.

Cases of Spina Bifida, are as a rule short lived; even after operative procedures for the relief of the condition, they do not live very long. I remember one little fellow who had a large spina bifida, which was operated upon successfully in one of the New York hospitals, but ere long he began to develop hydrocephalus, and before he died his lower limbs became paralyzed and he suffered from terrible bed sores.

One other case that comes to my mind was a case of a breech presentation; as the child's buttocks were being delivered, I noticed a good sized spina bifida, and remembering the mortality in these cases, I proceeded very leisurely to deliver the trunk and head, with the result that I had a still born babe. The mother in her early months of pregnancy developed diphtheria, and was given a dose of diph-antitoxin over the region of her loins. I have often wondered if the fear and shock of giving the antitoxin to the mother could not have had some influence on the retarded development of the vertebral arches in the foetus at that early period of gestation.

Speaking of maternal impression I recall a case where a mother opened a door leading to a slaughter house, not knowing at the time that the butchers were killing. She was startled and shocked in seeing a maul uplifted in the hands of the butcher, the maul was covered with blood and hair, and when her baby was born its back presented a like appearance, be-

ing covered with tufts of hair and bloody marking over it.

In another instance I had a case of a very large hernia of the umbilical cord at its entrance into the abdomen, the hernial sac was transparent and in it you could see numerous coils of the small intestines and also part of the liver.

Of twin pregnancies I recall a case where gestation proceeded normally until the end of the fifth month, when one of the twins died; this diagnosis was not made until delivery. The living child was born after a normal length of time, and I was waiting to deliver the placenta, but after waiting for some time and not finding that the placenta was forthcoming, I made a vaginal examination and found another amnionic sac presenting and a small globular head. This proved to be the dead foetus, a normal and atrophied placenta followed soon afterward.

Another case of twins in which I had to apply axis traction forceps to both children as they would not become engaged, but kept bouncing at the pelvic brim. These twins were the largest I have seen, each weighing $8\frac{1}{2}$ pounds.

Of abnormally large babies I recall two cases, the one a multipara and the other a primipara. Both cases were delivered with the aid of high traction forceps and the exercise of a good amount of strength. Both children were dead at birth, the one child weighed 15 lbs., the primiparous child weighed 15 lbs: 6 oz.

A case in a multipara who at five months' pregnancy met with an accident. She stumbled and fell down the cellar stairs. She thought nothing of it at the time, but later she noticed that the foetal movements had ceased. At her seventh month gestation I was called to see her and on examination I found that development had ceased at about five months. As she felt perfectly well I advised her to let nature take its own course, that I was pretty positive that when her nine months were up she would give birth to the foetus without any trouble, but ere long some dear friends told her of the danger she was incurring of setting up blood poisoning, and that she ought to have the dead foetus taken away. In fact she was very much worked up and nervous and hysterical. She was examined by Dr. J. G. Wilson who gave her the same good advice to let things alone, and she eventually decided to do so.

When at the full term of her pregnancy she delivered the whole product of conception in its entirety, the foetus was shriveled and the placenta atrophied, but there was not a particle of odor of putrefaction about it. What might have happened if one had induced labor, or done a curettage is questionable.

Another peculiar and comparatively rare case I call to mind was a multipara who after a normal labor and puerperium, suddenly had a severe hemorrhage which occurred on the 8th day after delivery. When I got to the house I found the patient suffering from the loss of blood which was quite excessive at the time but had now ceased. Her pulse was rapid, temperature normal, no odor to the blood, uterus well contracted and no pain over the abdomen. I must say that I was puzzled to account for it. She said that it occurred while she was walking to the bath room. I put her to bed, gave her some ergot and told her I thought everything would be all right. Three days later was again called to see her for a recurrence of the hemorrhage which came on suddenly with no pains accompanying it. I thought that possibly there might be some shreds of membrane or pieces of retained placenta left in the uterus although her normal temperature and normal lochia argued against this. Put her back to bed and said I would do a curettage if it recurred. Well, it did occur after another relapse of three days, but this time she passed a hard mass about the size of an egg, after which all the bleeding stopped and she made an uneventful recovery. The mass was classified by a gynecologist and pathologist to whom I sent it, as a placenta succenturiata or accessory placenta.

In dealing with cases of breech presentations, I have learned by experience (which often cost the baby's life) and we have to profit by our mistakes, that if we would allow nature to take its own course, gradually dilating the cervical canal until the parturient canal is one continuous passage, before we start to assist or interfere, we will save many more babies than we otherwise would.

The tendency especially of the younger men is to do something, which they proceed to do, oftentimes against their better judgment. They get the trunk and arms delivered and are then stalled with the aftercoming head because of an impingement of the os around the neck of

the baby, all because they did not give time for a complete dilatation of the cervical canal, and the result is a dead baby.

Central venous thrombosis or heart clot is a condition rarely seen. I recall but two cases in which this occurred, and only cite them for their rarity, as they prove fatal immediately. These cases generally occur after the third stage of labor is ended, and you begin to figure on getting back home.

Of Cesarean section for the delivery of the foetus, I can recall possibly half a dozen cases, where this operation could and should have been done. In the two cases just mentioned where the child was abnormally large; but how are you going to know that you have such a large child to deal with. The case of the primipara in her next pregnancy had a cesarean performed, and that child weighed 13 lbs. She had been restricting her diet so as to keep the babe down in weight, but it did not seem to help.

In cases of pelvic contraction, one case I particularly recall, she had had several children, and in the pregnancies in which the foetus was small, she gave birth to a living child after long tedious labor. In her other pregnancies where the foetus was larger, but still not above the average size, it always had been a case of forceps delivery with a dead child as the result. In her last pregnancy she had prolapsus of the umbilical cord which was still pulsating, and I performed a cesarean on her with good results.

To do Cesarean operations in all cases of pregnancy, as I have been told is being done by a well-known Boston physician, is in my estimation meddlesome midwifery, for nature will do much under intelligent watchful waiting. Dr. Lee, who is advocating prophylactic forceps delivery vs. spontaneous delivery in all cases, and Dr. Potter who performs version in all of his maternity cases, should be classed under the same heading of meddlesome midwifery, or a fad that these two expert accoucheurs may perform, but in my opinion it should not be done by the ordinary practitioner.

How to deal with cases of placenta praevias is often a problem, that may have to be solved by the doctor immediately. My experience has been to try to get full dilatation of the cervix by introducing one or two catheters into the cavity of the uterus, and packing the

vagina with gauze. This will bring on rhythmic uterine contractions and complete dilatation, but if the hemorrhage is profuse and alarming you cannot wait for this procedure, but must forcibly dilate the cervix, under complete anaesthesia, then do a podalic version bringing down one or both feet thereby controlling the bleeding by pressure of the child's body against the placenta.

We see all varieties of placenta praevias, marginal, lateral and complete. If the hemorrhage is not too profuse the first two forms will generally be taken care of by nature, the uterine contractions forcing the foetus downward through the cervix and thereby controlling the bleeding. In the complete variety of placenta praevia, there is but one thing to do, empty the uterus as quickly as possible. Cesarean section would be the operation of election in these cases, but unfortunately we most generally see them after there has been a terrific hemorrhage, and I doubt if the patient would be able to withstand any added shock of operation to her already weakened condition.

Eclampsia cases are some of the severest trials that we physicians come in contact with, but many of these cases can be eliminated by careful watching of the mothers during the last four months of pregnancy. Always impress upon your maternity cases the absolute necessity of urinary analysis once every three or four weeks during the last half of gestation. It is also advisable in all suspicious cases to take the blood pressure. See to it that all avenues of elimination are kept well flushed.

When you do have a case of eclampsia before delivery, your aim should be to empty the uterus as soon as possible. These antepartum cases as a rule make good recoveries, but it is the post-partum case that so often prove fatal regardless of all treatment given.

Molar pregnancy is another condition, but luckily a rare one, which we sometimes come across. I only remember one case in my practice. This was her first pregnancy and everything went along finely till the end of the fourth month, when she began to develope in size altogether out of proportion to her period of gestation. She only complained of the enormous distension. She felt no foetal movement, and no foetal heart could be elicited. When labor pains began she flowed quite freely, in fact more

than normally she should, and passed a few of the cysts. After several hours of labor she expelled the entire product which filled half of an ordinary water bucket. She kept quiet for a week and made a good recovery. She gave birth to a living child two years later.

In these cases the death of the foetus takes place in the very early stage, possibly before the second month, but the chorionic villi take up activity and develope markedly, the villi becoming cystic in character and resembling exactly clusters of grapes.

In conclusion I would like to add, especially for the benefit of the men who are beginning their obstetric practice, that they should cultivate the art of patience, for to practice obstetrics you must have an abundance of patience. Don't try to hurry a case that is progressing normally (because you have an engagement to a supper or theatre party) by giving pituitrin or apply forceps, for sooner or later you will regret it. Don't be tempted to interfere in a normal case, because some old woman, who is present, begins to mutter and complain about the length of time the poor dear child is allowed to lay and suffer. I can look back and see the mistakes I have made by too early forceps use, but as you grow older in the profession you will find that forceps are less often called for, than formerly.

END RESULTS OF 442 FRACTURES CAUSED BY INDUSTRIAL ACCIDENTS.*

By John N. Bassin, M.D.,

Chief Surgeon, N. J. Rehabilitation Commission; Medical Advisor, N. J. Dept. of Labor.

Newark, N. J.

The treatment of fractures before the war relied on the general principles of reduction and retention. In the execution of these principles a varied armamentarium was employed, however, fixation by open or closed method was emphasized. The lessons taught by the World War have brought out the better application of reduction, retention and functional restoration by traction, fixation and suspension.

The field of industrial surgery even

*Read before the N. J. Chapter, American Association of Industrial Physicians and Surgeons.

more than that of the military, brought home the lesson that the ultimate end aimed at in the treatment of fractures is not alone the immediate restoration of bone structure but the complete or maximum restoration of function of overlying soft parts and proximal joints.

Industrial statistics on the history of fractures from the initial injury to complete restoration of function are very meager. This was recently brought out by Dr. Estes in his oration on "Surgery" at the last session of the N. J. State Medical Society.

Statistics show that in the Canadian army from 75 to 85 per cent. of returning surgical cases from overseas required further orthopedic and reconstruction surgery. In our own army 65 per cent. of all invalided soldiers returning to the Port of New York also required further orthopedic and reconstruction surgery. Similarly, in the injured industrial army, a great majority of cases having gone through the initial surgical and post-operative stages of treatment had presented themselves with final end results for the adjustment of their claims before the Workmen's Compensation Courts actually requiring further reconstruction treatment. Although the number of cases observed is still limited, nevertheless, out of the first one thousand cases examined, 76.3% require further treatment and 44.2% or 442 cases were fractures, 383 of which were simple and 59 compound. Anatomically classified they are as follows:

	Simple	Compound
Head	13	3
Face	5	0
Clavicle	12	0
Scapula	6	0
Shoulder	7	0
Humerus	16	4
Elbow	9	1
Ulna and Radius....	76	12
Hand	14	0
Finger	14	11
Spine	12	0
Chest-Ribs	18	0
Pelvis	9	0
Hip	6	0
Femur	19	3
Knee	9	0
Tibia and Fibula ...	68	17
Ankle	12	0
Foot	56	8

It seems that the poorest results were obtained in simple fractures about the

wrist and ankle joints, such as Colies and Potts. There is no question that the reconstruction field in the United States and Canadian armies has been well gone over by specially qualified reconstruction surgeons. The army surgeon doing initial surgery was hampered by the exigencies of the firing line which precluded the possibility of preventing some of the unsatisfactory end results, notwithstanding the fact that young, robust individuals with excellent recuperative powers made up the bulk of the injured. In the industrial field, the principal obstacle to better end results is the nature of the injured individual who, for the most part is a man along in years with fatigued tissues. Furthermore, the best initial surgical treatment is even less readily available than in modern armies, close to the firing line. Comparing the two, the industrial surgical field is more favorable to better end results than the military where war exigencies are the order of the day, night and all the time.

Aside from the surgical aspect, economic and social factors too often mitigate the possibilities of better end results: therefore the State at large and the individuals in particular must be informed of their share of responsibility. The more important contributory factors in which prevention especially concerns the physicians as observed in this clinic are:

1. Constitutional dyscrasia: (a) Diabetes, (b) tuberculosis, (c) syphilis, (d) focal infections.
2. Traumatic psychoneurosis.
3. Trauma pre-existing recent injury.
4. Fractures undiagnosed and therefore untreated.
5. Fractures untreated regardless of diagnosis.
6. Fractures complicated by severe injuries such as compound fractures and injuries involving nerve trunks, primarily too grave to hold out promise of favorable prognosis.
7. Fractures involving joints.
8. Fractured extremities treated in mal-alignment.
9. Lack of necessary equipment for ample after-care.
10. Lack of immediate after-care by physio and mechanotherapy, especially functional re-education.

The following are specific factors in the treatment itself that contribute to unsatisfactory regional end results:

1. Lack of sufficient and persistent traction on fingers and toes.

2. Lack of efficient x-ray interpretation as a guide in fractures of carpus and tarsus.

3. At the ankle and wrist, lack of primary over-correction and too long continued immobilization before physiotherapy is applied.

4. The same conditions maintain at the knee and elbow joints as at the ankle and wrist; i. e., too long continued immobilization before application of physiotherapy.

5. At the shoulder, insufficient consideration given to possibilities of contracture deformities of muscles attached to humerus. Here also there is too long immobilization, while mechanotherapy and postural gymnastics have been delayed, thus impairing shoulder joint function.

6. At the hip lack of immobilization of the joint in the position of outward rotation and extension.

7. In the vertebrae, lack of diagnosis, especially of correct x-ray interpretation.

8. In the skull, the same lack of x-ray accuracy especially significant in comminuted fractures involving the vault without depression.

9. Lack of general application of physio and mechanotherapy.

In other words, the industrial like the military surgeon has come to view this branch of surgery from the angle of obtaining the maximum function of restitution rather than the mere satisfactory initial results.

Conclusions:

1. Obviously, preventative surgery is a large field and for the general and industrial surgeon quite as significant as preventative medicine.

2. Many deformities and much disability requiring secondary orthopedic and reconstruction surgery may be entirely eliminated by better initial surgical care.

3. The surgical after-care of a fracture properly belongs in the province of the initial surgeon quite as much as the initial surgery, together with that of the after-treatment is now considered within the domain of the true orthopedic or reconstruction surgeon.

Better end results of fractures in the industrial field will doubtless be obtained when the employer, the insurance carrier, and the public at large will co-operate

with the medical profession to the end that a great deal of human suffering and economic waste may be eliminated.

A PROTEST AGAINST THOUGHTLESS RADICALISM IN SURGERY OF THE NOSE, THROAT AND MOUTH.

Howard A. Knox, M.D.,

Bayonne, N. J.

It seems to be difficult or impossible for us in the first flush of surgical achievement to keep within the bounds of healthy conservatism. First one type of surgery and then another has suffered because of the grandiose self-assurance of enthusiasts.

When I began the study of medicine eighteen years ago surgery of the lower abdomen and pelvis was the "piece de resistance"; every ileo-coecal colic called for an appendectomy and every retroverted uterus required fixation. We have now a long line of post-operative neuristhenics that had better have been left alone.

This misguided effort has now subsided to some degree and the naso-pharynx and mouth have become the channels through which the modern young man (too nice sometimes for general practice) finds sublimation and outlet for his libido.

Yes, gentlemen, as you may have guessed, I am utterly opposed to the indiscriminate removal of teeth, tonsils and nasal bones. The last word has not been said in the case of focal infections, and far from it. I do believe that in the expectancy of certain cardiac, articular and choreiform conditions that ectomy of tonsils and adenoids should be considered and I also believe that in practically every other condition the organisms causing the symptoms should be identified and found to be the same as those infecting the focus which it has been proposed to remove, especially should this be done when the focus is accessible. I know from a considerable personal experience that the effect of tooth extraction in the neuroses has been much overrated and the results on general health of the use of artificial teeth is in many cases worse than the pus antigen could ever have been. How many times in these little operations, whose main indication may have been the fee, has the patient's last defensive arm been taken

from him. I am thinking as I say this of a beautiful young woman of twenty years who came into my office in November with active recent pulmonary tuberculosis after having had her first symptom following tonsilectomy last July.

This little incident has been prompted by cases that have been coming to my notice during the last five years and I will cite two that occurred during the last week, by way of illustration: The first was a young man of 27 years, who had everything to live for; he was practically the sole support of his widowed mother and was a man of unusually fine character. I was summoned at about 11.30 P. M. on Jan. 26th, 1921. I found him bleeding profusely from the nose and was told that he had been operated upon for a deflected septum on Monday two days before and that he had gone to New York the day before, or Tuesday, and that the nasal packing had then been removed. They showed me a rather extensive specimen which seemed to consist of the entire septum, including the vomer and portions of the turbinates, I may, however, be in error as to this. I recalled an experience with the patient about four years before at which time I decided that he was either a haemophiliac or at least that he had a pronounced tendency toward hemorrhage. This was not reassuring. I packed the nose carefully with adrenalinized gauze. I gave horse serum, morphin and atropin, put the patient in the semi-sitting position and used the ice bag locally, calcium chlorid was given in large doses. The operator was then sent for and the case turned over to him. I should have stated that when I first saw the patient, he had a temperature of 99.5 and other symptoms of infection. In spite of our combined efforts, the patient continued to bleed through the packs as water runs through a rag around a leaky water pipe. Clotting time I found to be 29 minutes plus. This was an unnecessary death and I would be untrue to this man's memory and friendship if I did not come out boldly and say so. I believe in every case where there is a family physician he should be consulted by the specialist before attempting operative procedure, and why not? does not the family physician have to hold the sack if anything goes wrong? Indeed, I had nothing to do with this young man being operated

upon and yet I share in the odium of his death.

The second case was a Polish child of two years, who was operated on (for the removal of tonsils and adenoids) last Friday, the 28th of January, and whom I found with bronchopneumonia on Sunday the 30th, and who died at 4 A. M. on the 31st instant. A history should have informed the operators that this child had been treated for diphtheria only three weeks before and could not possibly be ready for an operation of election so soon. Right here it is only fair to report that I encountered a severe secondary hemorrhage in one of my own tonsilectomies three weeks ago. I was lucky, that is all.

Is it now any wonder that patients hesitate when we ask them to undergo operations of absolute life-saving necessity, and are they not really safer with the chiroquacks and others than with at least a few of us?

Conclusion.

Dentists and ear, nose and throat surgeons should operate only with a specific indication in mind and then only after careful deliberation and selection in conjunction with the internist. There is too much isolated specialism; the group idea may overcome this.

To my friend who has gone to his long reward I dedicate this feeble cry in the wilderness and I care not if I have incised too deeply.

Clinical Reports.

NINE CASES OF FOREIGN BODIES IN THE UPPER AIR AND FOOD PASSAGES.*

By Henry Boylan Orton, M. D.,
Newark, N. J.

Case No 1.—Baby, G. D., 4 years of age, March 23rd, 1917, two weeks prior to removal, child was playing with coin and swallowed it. The child having swallowed coins before and had passed them per rectum, the mother did not seem worried about it. Castor oil was given in hopes that the child would pass it. After four days mother became anxious over the inability of the child to pass coin and took him to their family doctor. During this time child suffered no inconven-

*Reported at the Essex County Pathological Society meeting, November, 1920.

ience other than having a slight cough and inability to swallow solid food. The case was sent to St. Michael's Hospital and had x-ray taken on March 21st, which showed a coin shadow at base of neck below level of cricoid cartilage. The case was referred to me on March 23rd, and under general anesthesia with a small Jackson laryngoscope passed it down pyriform sinus below crico-pharyngeus, was able to see about a quarter of an inch of coin, tissue around it being edematous. With long forceps passing through the laryngoscope, grasped the free edge of coin. The coin and laryngoscope removed together. Time, four minutes. Child made uneventful recovery.

Case No. 2.—Adult female, G. B., age 27 years, Aug. 20th, 1917, had been eating peaches and had entire peach stone in mouth when she suddenly swallowed the peach stone. It caused her some spasm and choking spells which rapidly subsided and upon my arrival at home found patient holding her neck and complaining of marked difficulty in swallowing. In making my indirect examination of throat could see the upper edge of peach stone in hypo pharynx and on gagging patient dislodged the stone and vomited it into her hand.

Case No. 3.—Baby, J. Z., age 6 years, Dec. 24th, 1919, one week previous to above date child was given two quarters to play with by his cousin. The child placed the coins in his mouth, had a choking spell and became very cyanotic for a little while. At each feeding child became cyanotic and vomited. Child could only take liquid such as milk and thin soups, this causing pain on swallowing. Had no difficulty in breathing. Constantly spitting large amount of mucous. The father took child to his family physician who gave some medicine. Three days after child was brought to St. Michael's Hospital.

Examination showed: Head, negative; neck, negative, other than pain on pressure. Mild conjunctivitis. Nose, negative; throat, mucous in both pyriform sinuses. Chest, negative; extremities and skin, negative. X-ray was taken and showed coins at entrance of thorax. At St. Michael's Hospital, without anesthesia a Jackson esophageal speculum was passed and below crico pharyngeus two coins were seen, with straight forceps the coins were seized flatwise and extracted. Child

leaving the hospital the next day; time four minutes.



Case No. 3

Case No. 4.—Adult female, Mrs. W., age 45 years, while eating soup suddenly felt something stick in throat, had slight coughing spell, but did not become cyanotic. Saw her family physician who, after trying to remove same, called me in and on examination by indirect method saw bone lying across larynx above cords, point embedded in latter wall, removed by forceps, indirect method.

Case No. 5.—Baby, Q., age 8 months, nurse laid child on bed to change after feeding and noticed child had choking spell. Nurse placed finger in baby's mouth and noticed blood. She was certain no foreign body was in the baby's hands. By chance I saw child one-half hour later and with tongue depressor used as a direct speculum saw open safety pin, the keeper caught in later pharyngeal fold and hanging over chink of glottis. Removed.

Case No. 6.—Baby, E. B., age 18 months, Dr. Mandeville's case, May 17th, 1920, was referred to me with history of child swallowing a nickle, and X-ray by Dr. Reissman shows the coin in esophagus.

At the Presbyterian Hospital, without anesthesia through Jackson esophageal speculum, a coin was seen below crico pharyngeus muscle. With straight alligator forceps was seized flatwise and removed; time three minutes.



Case No. 6

Case No. 7.— Mr. De S., a Portuguese, age 23 years, single, was admitted to St. Michael's Hospital, Newark, N. J., August 3rd, 1920, with the complaint of having swallowed or aspirated a dental plate. The patient not speaking English it was very hard to obtain a good history.

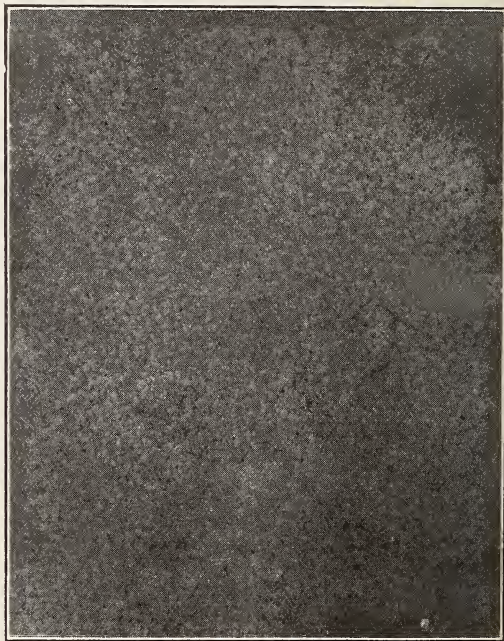
Past History: Had a number of attacks of rheumatism while in Portugal; venereal infection he denied.

Family History: His mother was dead, the cause of death patient did not know. His father and three sisters and three brothers are living and well.

Present Trouble: Began Saturday, July 31st, 1920, while drinking a glass of citrate of magnesia for a purge, he suddenly exclaimed that he wanted a doctor as he had swallowed his tooth. Had a paroxysm of coughing, complained of pain in neck below thyroid cartilage. Patient vomited the magnesia and those present were positive that the tooth was not in the vomitus. He went to bed and at intervals made attempts to clear throat by coughing, which caused him considerable pain. Patient was unable to take any solids, but with much difficulty managed to swallow during the next day a glass of milk and a plate of thin soup. Patient unable to sleep that night on account of pain and frequent rasping cough, and frequent attempts to clear throat. Did not complain of any dyspnea. Tues-

day morning patient came to hospital, two days after swallowing the plate.

Physical Examination: Head, negative but for missing incisor, right upper with rubber suction plate attached; neck, negative for objective findings, excluding facial and neck contractions during act of delutition, which appears painful. Nose, negative; throat, negative other than mucus in both pyriform sinus. Chest, heart, abdomen, skin and extremities, negative. X-ray was taken August 3rd, pictures showed foreign body, triangular in shape, with base upwards and apex with tooth attached downwards.



Case No. 7

Ten P. M. Aug. 3rd, under general anesthesia to get complete relaxation of esophagus. An esophagoscopy was done, using Jackson esophageal speculum passed below crico pharyngeal muscle. The impacted sharp serrated edge was rotated at extreme pointed end and extracted by disengagement of point by lateral tubal counter pressure, duration of operation eight minutes. Patient given nothing but sterile water for two days. Leaving hospital, cured, August 9, 1920.

Case No. 8.—Lillie C., age 6 years, white, admitted to St. Michael's Hospital, Newark, N. J., August 24th 1920, with complaint of difficulty in breathing.

Past History: Had whooping cough at the age of one year, measles when 5 years old, and diphtheria (?) six months

ago. Has otherwise enjoyed good health up until six months ago.

Family History: Negative, mother, father, one brother and one sister living and well.

Present History: Six months ago while playing with two little girls the patient had 3 or 4 pins in her hand. They were all playing in the house when the little girl suddenly came running to her mother very cyanotic and pointed to her neck and at intervals said pin was in throat. Had coughing spell and at each coughing attack became cyanotic, also vomited off and on for one-half hour. The mother

and asthmatoïd wheeze. The mother then informed me that the child had been breathing that way ever since she had diphtheria six months ago.

I did a direct laryngoscopy, expecting to see a stenosis of larynx or foreign body. I then informed the mother that the child had a foreign body in larynx and not until this time had the mother volunteered the above information.

X-ray was taken. Objective findings in nose and pharynx, negative; chest, abdomen and extremities, negative. Had no difficulty in eating or drinking.



Case No. 8

of the child took her to their family physician, who examined throat and said nothing was in throat, he ordered an X-ray picture taken and their report was negative. All this was done the same day the child aspirated the pin. Later the patient became hoarse and beginning to loose her voice, that week the child had choking spell and was cyanotic, her family physician again called and because of difficulty in breathing made a diagnosis of laryngeal diphtheria and gave antitoxin. The patient has continued the same to present day and came to the hospital upon the advise of the family physician to have the child's tonsils removed. August 24th, 1920, the day I first saw the child, hearing the typical laryngeal breathing



Case No. 8

X-ray by Dr. Baker, the foreign body being an open safety pin, the keeper of pin just on level with vocal cords, the point was pointed upwards and anterior and the right of median line. The point being embedded in subglottic tissue of the larynx.

At the hospital, without anesthesia, through a child's Jackson laryngoscope, was seen that the supraglottic structures all edematous and between cords the keeper of the pin was seized with alligator forceps, entire pin was pushed down for dis-impaction and the point rotated to the median line for removal, result was extraction and cure, time of operation being 20 seconds.

Case No. 9.—Mrs. R. V., age 52 years, Oct. 20th 1920, four days prior to removal, patient was eating wing of chicken when

she swallowed a piece of bone, which lodged in throat, causing pain more so on swallowing. Drinking and eating caused pain. Family physician called, who put figure in patient's throat, said he could not see or feel anything, advised X-ray and to see a specialist, and referred case to Dr. Eagleton, who in turn referred case to me.

The X-ray showed bone in the esophagus just anterior to the spine beginning opposite the body of the sixth cervical vertebrae.



Case No. 9

Physical Examination: Nose, negative; pharynx, right pyriform sinus edematous. Arytenoid, right swollen; chest, negative. Abdomen and extremities, negative.

At the Eye and Ear Infirmary, without anesthesia, an esophageal speculum was passed to the level of the sixth cervical vertebra at which point lying crosswise in the esophagus, a bone was seen, point to the right and embedded. With straight forceps, the presenting point was seized, extraction and cure. Time of operation four minutes.

671 Broad Street.

Advance Announcement.—A business man advertised for an office boy. The next morning there were some fifty boys in line. He was about to begin examining the applicants when his stenographer handed him a card on which was scribbled:

"Don't do anything until you see me. I'm the last kid in line, but I'm telling you I'm there with the goods."—Everybody's.

CEREBRO-SPINAL MENINGITIS.

Reported by Dr. B. F. Underwood of Louisville, in the Kentucky Medical Journal.

On October 21, 1919, at nine o'clock p. m., I was called to see J. A., a male, aged eight years. Examination revealed marked opisthotonos; Kernig's sign present; slight delirium; no headache nor pain. Temperature 102 degrees F., pulse 110, respirations 28. On the 22nd the temperature was 103 degrees F., pulse 120, respirations 36. Spinal puncture was made, 17 c.c. cloudy fluid removed and 15 c.c. antimeningitis serum injected. Examination of the spinal fluid disclosed the presence of meningococci. October 23rd, temperature 99.2 degrees F., pulse 76, respirations, 28. Spinal puncture, 16 c.c. cloudy fluid removed, 15 c.c. antimeningitis serum injected. On the 24th, temperature 101 degrees F., pulse 90, respirations 28. Spinal puncture, 15 c.c. clear fluid removed, 15 c.c. antimeningitis serum injected. On the 25th, temperature 100.2 degrees F., pulse 80, respirations 26. Spinal puncture, 17 c.c. clear fluid removed, 15 c.c. antimeningitis serum injected.

October 26th, temperature 99.4 degrees F., pulse 84, respirations 25. General condition of patient good. On the 27th, temperature 100.2 degrees F., pulse 88, respirations 24. On the 28th, temperature 100.2 degrees F., pulse 86, respirations 26. On the 29th, temperature 98.8 degrees F., pulse 82, respirations 26. On the 30th, temperature 100.2 degrees F., pulse 100, respirations 22. On the 31st, temperature 102.4 degrees F., pulse 100, respirations 28. Patient complained of slight headache. Spinal puncture, 22 c.c. cloudy fluid removed, 15 c.c. serum injected. November 1st, temperature 100 degrees F., pulse 90, respirations 26. No headache nor delirium. On the 2nd, temperature 99.4 degrees F., pulse 90, respirations 26. On the 3rd, temperature 103.3 degrees F., pulse 72, respirations 24. Spinal puncture, 17 c.c. fluid removed, 15 c.c. serum injected. On the 4th, temperature 100 degrees F., pulse 90, respiration 27. On the 5th, temperature 104.3 degrees F., pulse 120, respirations 28. Spinal puncture, 17 c.c. fluid removed, 15 c.c. serum injected. On the 6th, temperature 100.2 degrees F., pulse 90, respirations 28. On the 7th, 20 c.c. fluid removed and 15 c.c. serum injected. On the 8th removed 25 c.c. fluid and injected 15 c.c. serum.

November 9th, 20 c.c. fluid removed and 15 c.c. serum injected. Examination of fluid negative for meningococcus; no leucocytes present. On the 10th, blood culture negative. Guided by these findings the use of serum was discontinued. November 19th Dr. Philip F. Barbour was called to see the patient and suggested trying a different kind of serum. On the 20th 50 c.c. fluid removed and 30 c.c. of "Mulford's" serum injected. At one o'clock a. m., patient delirious; 15 c.c. serum given intravenously. On the 21st 15 c.c. serum intravenously. On the 22nd 40 c.c. fluid removed and 30 c.c. serum injected. On the 24th 35 c.c. fluid removed, 30 c.c. serum injected. Examination of fluid showed presence of meningococci. On the 26th 15 c.c. fluid removed and 15 c.c. serum injected. On the 28th 16 c.c. fluid removed and 15 c.c. serum injected. Examination of fluid showed no meningococci present.

December 1st Dr. Barbour again called in consultation; 17 c.c. clear fluid removed and 15 c.c. serum injected. On the 2nd 15 c.c. serum given intravenously which was followed by marked reaction; adrenalin and atropine used. On 4th, 17 c.c. fluid removed and 15 c.c. serum injected. Fluid clear; no pus cells found. On the 5th the patient had several spasms. Dr. Barbour was called and administered chloroform for about fifty minutes, 15 c.c. serum given intravenously. On the 5th 30 c.c. serum intravenously. On the 6th 30 c.c. serum intravenously. On the 8th 30 c.c. serum intravenously. On the 9th 50 c.c. fluid removed and 30 c.c. serum injected. Patient was stupid and did not feel spinal puncture. Examination of fluid, no meningococci nor pus cells present. On the 10th 25 c.c. serum intravenously. On the 11th 15 c.c. clear fluid removed and 15 c.c. serum injected. On the 12th 15 c.c. serum given intravenously. On the 14th 60 c.c. fluid removed and 30 c.c. serum injected. December 16th one hundred million meningococcus vaccine given subcutaneously. On the 18th spinal puncture removed 50 c.c. spinal fluid; gave meningococcus vaccine five hundred million, which was followed by chill, temperature 104.5 degrees F., pulse 130, respirations 36. The patient certainly had a severe reaction, but from this time on recovery was rapid.

My reasons for reporting this case are:

(1) The length of time the acute symp-

toms lasted, from October 19th to December 21st, sixty-three days. (2) The great number of spinal punctures and large quantity of serum used, twenty-one spinal punctures, 375 c.c. of serum administered, nine intravenous injections 195 c.c. of serum administered, makes a total of 570 c.c. of serum used. (3) Prompt recovery, following the use of meningococcus vaccine.

Spontaneous Cure of Cancer.

Dr. F. J. Taussig, St. Louis, reports this case:

Medical literature records a considerable number of spontaneously cured cancers. In general, pathologists have accepted this as possibility except in the case of chorio-epithelioma.

The case reported by the author was first seen June 6, 1909. At that time she had an inoperable cancer of the cervix with a large crater. In the course of an excochleation done a few days later the peritoneal cavity was accidentally opened and it was decided to remove the uterus in order to provide better drainage. This was done leaving evident carcinoma behind. The patient recovered and three months later was subjected to an exploratory laparotomy. Enlarged lymph glands were found in the pelvis, especially one the size of a walnut, a portion of which was excised and found to contain carcinoma. This lymph gland was too adherent to the iliac vessels to be removed. The tubes and ovaries together with a small amount of surrounding cellular tissue was removed at the time of this operation. The patient was again seen October 15, 1920, over eleven years after this second operation, in perfect health, showing no evidence of carcinoma in the pelvis. An additional feature of this case was that there was also present at early carcinoma beginning at the edge of a condyloma acuminata hanging from the urethral meatus. This was excised at the time of the hysterectomy.

The author in conclusion analyzes the factors that may produce spontaneous cure of cancer. He is engaged in studies of the blood of this patient and the effects of her blood serum on other patients.

General Epilepsy Due to Brain Tumor.—Dr.

Ernest Sachs, St. Louis, reports the following case:

I am showing this case because of certain unusual features. This patient had been treated for fifteen years for general epilepsy. She had no symptoms of increased intracranial pressure. Eye grounds were normal and her convulsions were general in character. About six weeks before admission she began to complain of headache. At that time her physical examination was still negative. Roentgenray plate showed the shadow of a large tumor in the posterior portion of her frontal lobe on her left side. Though there were no focal symptoms and nothing else to guide us, a craniotomy was done and a tumor (which was shown) measuring $7\frac{1}{2} \times 6 \times 4$ cm. was removed.

It was an endothelioma. Since the removal of the tumor the patient has been relieved of headaches and has had no convulsions. The case among other things emphasizes the importance of taking routine roentgen-ray pictures in all epileptics even though a tumor shadow may be found very occasionally.

Repair of Large Clavicle Defect.—Dr. E. Unger, in a Leipsiz medical journal, reports a case in which the distal half of the clavicle having been shot away, the remnant of the clavicle and the coracoid process were joined with two wire sutures, and a good function of the shoulder joint was secured. The height of the shoulder is normal. Between the scapula and the clavicle a large callus has developed. The patient can raise his arm about 45 degrees above the horizontal. Rotation movements are entirely normal.

County Medical Societies' Reports

GLOUCESTER COUNTY.

Henry B. Diverty, M.D., Reporter.

The regular meeting of the Gloucester County Medical Society meeting was held at Hotel Paul in Woodbury, March 17, 1921. We had visiting delegates from Camden and Salem counties. A motion was made indorsing compulsory vaccination in our public schools which was unanimously carried.

A most interesting and instructive paper was given by Dr. Judson Daland of Philadelphia, Pa., on "Focal Infection and Its Consequences."

He said that the present concepts of focal infection follow an entirely new line of thought and concern themselves with serious and sometimes irreparable damage to vital organs secondary to a small and apparently insignificant focus of infection or suppuration, usually causing no local symptoms. This focus may be so small that many believe it incapable of producing systemic diseases. It is always important to remember that the virulency of the organism is more important than the size of the lesion. He then referred to the various diseases that focal infection may cause. Focal infections, he said, may be due to one or more of several organisms, but is generally due to streptococcus, occasionally to staphylococcus, and these two and other micro-organisms may be present in the same focus. Occasionally pneumococcus, micrococcus catarrhalis, influenza bacillus, diphtheria or pseudo-diphtheria bacillus, gonococcus, the tubercle bacillus or saprophytic organisms may be in association.

It is important to remember that in most instances the streptococcus viridans or hemolyticus is the infecting organism. This coccus is present in many mouths apparently normal and may be acquired by carriers or by food, milk or through the air. The origin of the streptococcus is unknown. From the standpoint of virulency, specificity and trophism, streptococci may be arranged in the following order: (1) streptococcus hemolyticus, (2) streptococcus rheumaticus, (3) streptococcus viridans, (4) streptococcus mucosus.

He spoke of dental focal infection; of acute poly-articular rheumatism; focal infection of the tonsil; suppurative inflammation of the sinuses, including the mastoid and middle ear

and in connection with ethmoidal and sphenoidal disease, also acute catarrhal nephritis.

MIDDLESEX COUNTY.

M. F. Urbanski, M.D., Reporter.

A regular meeting of the Middlesex County Medical Society was held at the Middlesex General Hospital, New Brunswick, on March 16th. The meeting was well attended. Dr. Howley, chairman of the Legislative Committee, reported that the "Compulsory Health Insurance Bill" was killed in committee with no prospects of the bill being brought before the Legislature this session; Dr. Howley further read a letter from Dr. Wells P. Eagleton, chairman of the State Welfare Committee, stating our objections to any compromise on Assembly Bill 245 whereby any privileges beyond those stated in the bill would be granted to the Chiropractors and Osteopaths. A copy of this letter is kept on file.

Dr. English demonstrated full-page advertisements appearing in a Newark newspaper and in a New Brunswick paper, published by the Chiropractors claiming an untrue cure. These are only a part of the nation-wide propaganda spread by these agents. It was also reported that the A. M. A. had taken steps setting forth the true facts in the advertised case.

After the business session Dr. A. Schuyler Clark, attending physician to the Post-Graduate and the New York Skin and Cancer Hospitals, read a paper on "Syphilis." He emphasized chiefly the modern treatment of the disease, taking up the various arsenicals stating their merits and administration. The various mercurials were also taken up in order. Dr. Clark also demonstrated the various preparations and apparatus he uses in his routine work. His address proved very instructive and practical and the society was indebted to him for the unusual opportunity of hearing him.

Dr. Clark was born in New Brunswick and practiced there for six years before going to New York. He said that those six years had given him a good start in his professional life and lead him to continue his membership in this county society.

After a discussion of the paper a rising vote of thanks was tendered to Dr. Clark. Upon motion the meeting adjourned.

MORRIS COUNTY.

Marcus A. Curry, M.D., Reporter.

The spring meeting of the Morris County Medical Society was held on the afternoon of March 22nd at Dover, President Dr. Augustus L. L. Baker presiding and a fair number of members being present. Dr. Arthur G. Lane, recently appointed clinical director at the State Hospital at Morris Plains, made his initial bow to the members of the society on invitation of Dr. Marcus A. Curry, chief executive officer and superintendent of the State Hospital.

The proceedings commenced at two o'clock with luncheon and an informal session of chat and conference at the Mansion House, with nothing left undone by Proprietor Gerald Horgan to comfort both the inner and outer man, the masculine noun in this instance including the female of the species.

After the informal session the members were invited to the Dover High School Auditorium to witness the filming, under the auspices of

the State Bureau of Venereal Disease Control, of a series of highly illuminating reels depicting the subject in all its different types, stages and phases.

Dr. W. Henley Smith apologized for and explained the absence of Dr. A. J. Casselman of the State Department of Health, who was to give an oral scenario. Dr. Smith delivered a very interesting short talk on the purposes of the Venereal Disease Bureau, with which he is connected, stating that it was first thought of by the U. S. Public Health Service in order to have co-operation with the State Departments of Health; that the work of the Bureau is largely educational but that quite a little active treatment is done; that there are three methods by which the Bureau operates: First: To get the co-operation of the physicians throughout the State; second: To have the co-operation and assistance of laymen in regard to venereal diseases, by educating and interesting them in the campaign; third. The establishment of venereal disease clinics. Dr. Smith stated that there now are sixteen clinics established in the State, the most convenient in this vicinity being at Morristown Memorial Hospital. He stated further that the Bureau also has a plan whereby physicians in rural communities treat venereal diseases, being furnished with treatments by the State Bureau of Control, for which the practitioner charges a moderate fee which is gauged by the financial status of those taking the treatments. Dr. Smith explained that the Bureau screens different sets of films each of which is adapted to the particular audience; that they show the "technical" films exclusively to the medical profession, other films to industrial organizations, clubs, etc., and still others to high school students. The "technical" film was quite as holding in interest to the medical men of this county as it undoubtedly has been to the practitioners in other counties who have had opportunity to witness it. A generous vote of unanimous appreciation was given to the representatives of the Bureau of Venereal Disease Control for the showing to the Morris County Society.

The passage of Senate 149, providing for educational qualifications of the "healers" was discussed and Secretary Kice was instructed to reduce to writing the sentiment of approval of the members and send it to the legislators of the county at Trenton.

The next meeting of the society will be held at Morristown on a date to be fixed later.

PASSAIC COUNTY.

Leon E. DeYoe, M.D., Secretary.

The last regular meeting of the Passaic County Medical Society was held at Odd Fellows' Hall on Thursday evening, March 14th. Dr. John S. Yates presided.

The speaker of the evening, Dr. Nelles B. Foster of the Faculty of Cornell University Medical College, delivered an address on the subject of "Renal Disease."

Dr. Foster confined his remarks to nephritis. He divided the disease into two classes; first, the type in which the ability of the kidneys to handle protein was impaired. This type was characterized by high blood pressure, polyuria, retinal changes, and the absence of oedema. The second group comprised those cases which

do not eliminate salt and water, and are characterized by oedema, small amount of urine containing much albumen.

We hope next month to be able to have Dr. Foster's splendid lecture printed in the Journal.

The society then heard the report of the Welfare Committee. Doctors Harris, Todd, McCoy and McBride outlined the plan of action of the State Welfare Committee relative to pending legislation, and explained in detail the various bills before the State Legislature. At the close of the meeting every member present wrote a letter to each Assemblyman and to the Senator from this district, requesting his support of Senate Bill No. 149, and declaring unalterable opposition to any compromise measure.

Report of Hudson County March meeting was received just as the Journal went to press.

Local Medical Societies.

Associated Physicians of Montclair and Vicinity

Walter B. Mount, M.D., Pub. Com.

The Associated Physicians of Montclair and Vicinity held its monthly meeting on Monday evening, February 28th, 1921, in the Montclair Club, Montclair. There was a large attendance.

The subject of the evening was "A Series of Cases of Surgical Disease of the Gastro-Intestinal Tract" and was illustrated with lantern slides and exceptionally clear x-ray plates. The essayists were Dr. William A. Downes, Clinical Professor of Surgery, College of Physicians and Surgeons, Columbia University, and Attending Surgeon, St. Luke's Hospital, New York; and Dr. Leon LeWald, Professor of Roentgenology, University and Bellevue Hospital Medical School, and Roentgenologist, St. Luke's Hospital, New York. The discussion was opened by Dr. Harold Barclay of New York, and continued by Dr. Edward J. Ill of Newark, Dr. John F. Hagerty of Newark, Dr. Charles E. Farr of New York and Dr. Fletcher F. Carman of Newark and Montclair.

Before the meeting the speakers and a number of the out of town physicians and surgeons were the guests of the Executive Committee at a dinner served at the Montclair Club.

The following motion was passed at the meeting:

Be It Resolved, That the members of this society assembled, take this opportunity to record our approbation and approval of the foresight and vision of our president in his calling of a special meeting of this society, that we, the members, might be given the opportunity of recording our belief, that the time has come that this locality must be supplied with a pure and non-chemically treated drinking water.

And Be It Further Resolved, That this resolution of approval be spread upon the minutes of this meeting.

March Meeting.

The regular meeting of the Associated Physicians of Montclair and Vicinity was held on Monday evening, March 28th, 1921, at 8:30 P. M. in the Montclair Club, 22 Church street, Montclair. The subject of the evening was "Pneumonia and Its Complications." The essayist was Dr. Harlow Brooks of New York,

Professor of Clinical Medicine, University and Bellevue Hospital Medical College; Visiting Physician, City Hospital and Montefiore Home. The discussion was opened by Dr. Harold E. B. Pardee of New York, Assistant Physician, New York Hospital; Consulting Cardiologist, Mountainside Hospital, Montclair, who took up the cardio-vascular aspect; and the medical aspect was discussed by Dr. William R. Williams of New York, Attending Physician, New York Hospital, and by Dr. Dudley C. Roberts of Brooklyn, Attending Physician, Brooklyn Hospital, Consulting Physician and Gastro-Enterologist, Women's Hospital of New York.

Miscellaneous Items

Unnecessary Things.—I am not so sure that all the x-rays that are being taken really have to be taken. No more than I am sure that all the teeth that are extracted, or all the tonsils, ovaries and appendices that are removed have to be extracted or removed. However, the unnecessary taking of an x-ray does not injure the patient, does not jeopardize his life and does not make him an invalid for a time. It only injures him in his pocketbook—which, however, in the case of people working for a wage or a moderate salary is sometimes a serious matter.—Critic and Guide.

Group Medicine.—Group medicine in some form, is the only means by which the patient can receive the attention to which the advancement of medical science entitles him. A medical building with a medical library where physicians can meet, common access to laboratories containing modern means of diagnosis with good technicians in charge, the whole managed and controlled by the physicians of a community, would enable every patient, rich or poor, to obtain proper treatment. A basic fee may be charged each physician, the remainder of the expense to be divided in proportion to each member's use of the equipment. Arrangements for mutual consultations, for early diagnosis, and the proper handling of emergency cases should be made. The city's health and institutional work should also be performed by the medical group and the proceeds devoted to bettering the equipment of the laboratories. All these desirable arrangements may be made possible by co-operation between the physicians of a community.—W. J. Mayo, Surg. Gynec. & Obst.

Venereal Disease in the U. S. Navy.—For the eight years preceding the World War the venereal disease rate in the U. S. Navy was approximately 165 per thousand enlisted men. During the fiscal year ended June 30, 1918, the rate had dropped to 99 per thousand, and for the period from July 1 to Dec. 30, 1918, the rate was 74 per thousand enlisted men. Some of the agencies that have contributed to this reduction in morbidity were, (1) closing bawdy houses and saloons to sailors; (2) provisions for wholesale recreation and entertainment; (3) activities of public health authorities in removing from society known carriers of infection, and (4) the carrying on of a vigorous educational propaganda.

Infant Clinics and the General Practitioner.—At the Edinburgh infant clinics every effort is made to educate the mothers in the simple rules of infant hygiene; when curative treatment is called for, patients are referred to their own physicians, or failing such, to one or other of the curative clinics. Dr. A. Maxwell Williamson, observes that there is no doubt that, as a rule, the class of mother who attends such clinics seldom seeks the advice of her physician before her child has become really ill. She often overlooks the very beginning of disease. One of the aims of a preventive clinic is to detect these very beginnings of disease so that a mother can be advised to consult a physician early and thus give him a chance to deal effectively with the condition in its most hopeful stage, and not when it is far advanced, for then the treatment is more difficult and the results often less satisfactory. The object of these clinics, therefore, is to co-operate with the general practitioner and not to take the treatment out of his hands. At Edinburgh, as elsewhere, experience has shown that those infants who are brought regularly to the preventive clinics mostly show a satisfactory weight curve, whereas those who for various reasons are brought at irregular intervals seldom show so satisfactory a result.

Harding and Coolidge Leaders in Thrift.

From the Government Loan Organization.

Both President Harding and Vice-President Coolidge are men who have always practiced thrift and economy. Habits of thrift have been very instrumental in enabling them to attain the positions of power and influence they hold today.

From typesetter and pressman in a small newspaper office to influential editor of a large and prominent daily marks one step in the advance of President Harding. He took a small newspaper and by brains and capital built it up year after year until it became the most influential in that part of the State. His advance from Editor to Senator and from Senator to President resulted from practice of the same principles.

Vice-President Coolidge is a plain New Englander—plain in speech, manner, dress, habits and tastes. Over the mantle of his Northampton home this inscription hung for years:

"A wise old owl lived in an oak,

The more he saw the less he spoke,

The less he spoke the more he heard—

Why can't we be like that old bird!"

When elected Governor of Massachusetts he did not abandon his modest residence consisting of half of a double house in Northampton but took up his quarters in a single room in a small Boston Hotel in the business district, returning the hundred odd miles to home for week-ends.

President Harding and Vice-President Coolidge have lived as Uncle Sam wants every American to live—with an eye and a mind on the future. Eyes and minds will be properly directed if they are focused on the Savings movement of the United States Treasury Department—a movement of interest to every man, woman and child in America who will reason that funds accumulated by the regular purchase of Treasury Savings Securities may build a successful career.—BUY U. S. S.

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

NOTE.—The transaction of business will be expedited, and prompt attention secured if,—

All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to THE EDITOR.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL are sent direct to THE CHAIRMAN OF THE PUBLICATION COMMITTEE.

The 155th Annual Meeting

of the

MEDICAL SOCIETY OF NEW JERSEY

will be held in the

Hotel Chelsea, Atlantic City

on June 14 to 16, 1921

Full announcements will be made in our May Journal. We advise those who expect to attend to secure their rooms early as a large attendance is expected. The hotel rates are:

Rooms without bath for one person, \$8 per day; for two persons, \$14.

Rooms with bath for one person, \$10; for two persons, \$16. A few of the best rooms would be \$18 for two. Of course, this is for the American plan only and is a lower rate than usually charged.

DR. LUTHER M. HALSEY.

We announce with deep regret and sorrow the death of another of our ex-presidents who had for many years served our Society with distinguished ability and fidelity. Dr. Halsey's services are too well known to need any extended words of eulogy. We call our readers' attention to an outline of his work among

us that will be found in our obituary columns. We only will add that he will be greatly missed in the councils of our Board of Trustees and in the work of our Society generally.

A SERIOUS MATTER THAT DEMANDS ATTENTION.

Names of reinstated and new members of the State Society whose names did not appear in the Official List issued by Secretary Chandler February 1st, are given elsewhere in this issue. Dr. Chandler in forwarding them says:

Adding these names to those published in the Official List issued with the February Journal, gives us a total membership of 1,912. It is important that all members should see that the full name—not the initials only—is sent to the State Secretary, so that a complete record may be made.

It may be that some members have paid their dues but that their names have not been received. If so please call special attention of the State Secretary to that fact and he will see why the names are not on record. We desire to have our lists complete, as members not recorded will not be eligible to the benefits of medical defense by the Society; will not be registered by the A. M. A. and they are liable to be dropped from the mail list of the Journal.

County society treasurers are again reminded that our By-laws require them to forward the dues of "new or reinstated members **immediately** to the treasurer of the Medical Society of New Jersey." This is sometimes forgotten by the county treasurers and in this manner the new or delinquent member is deprived of his just rights in the Society. Many times members write to the secretary that they have paid their dues and do not see why they cannot be acknowledged by the A. M. A. and are not receiving their Journals; or, worse even than that, if they should be sued for an act of malpractice, and find that because of non-payment of their dues the State Society could not defend them. We trust that in such case the fault would not be found in the fact that the county treasurer had failed to immediately on their payment, forwarded the said dues.

Wm. J. Chandler, Secretary,
South Orange, N. J

We ask two important questions:

1. When a member receives from his county society's treasurer a bill for dues and fails to send a check immediately in paymentt hereof, is his forgetfulness and negligence any excuse for the consequences that may follow?

2. If dues are paid by the member to the county society treasurer and the latter fails to send them immediately to Dr. Mercer, the State Society's Treasurer, is the county treasurer morally responsible for the consequences, especially in cases involving adverse malpractice verdicts?

SENATORS' AND ASSEMBLYMEN'S VIEW POINTS.

The action of the honorable Senators who voted for Senate Bill No. 149, is highly commendable as it demonstrates their readiness to correct a serious mistake in last year's legislation which subsequent information and consideration clearly showed would be disastrous to the welfare of the public. Bill 149, if passed by the Legislature, would wipe out the separate Chiropractic Board of Medical Examiners who would examine and license chiropractors to practice the healing art in this State and would have raised the standard of educational qualification for such license. When it was learned that the State had licensed thus far nearly 600 chiropractors—about 175 through that special Board, many of them doubtless of questionable standing; that the so-called chiropractic schools were of questionable standing and that the lives and health of the citizens of the State were being jeopardized, those Senators voted for Bill 149. The vote stood 14 for that Bill and no votes against it. That vote was significant and comment thereon is unnecessary. The following Senators voted for the bill:

HON COLLINS B. ALLEN, Salem.
HON. THOMAS BARBER, Warren.
HON. CLARENCE E. CASE, Somerset.
HON. HENRY T. KAYS, Sussex.
HON. GEORGE F. MARTENS, Hunterdon.
HON. WILLIAM H. PARRY, Essex.
HON. FIRMAN F. REEVES, Cumberland.
HON. WILLIAM N. RUNYON, Union.
HON. ALBIN SMITH, Passaic.
HON. WILLIAM A. STEVENS, Monmouth.
HON. JOSEPH F. WALLWORTH, Camden.
HON. BLANCHARD H. WHITE, Burlington.
HON. CHARLES D. WHITE, Atlantic.
HON. ARTHUR WHITNEY, Morris.

It has been stated that Senators Thomas Brown of Middlesex and Edward L.

Sturgess of Gloucester would have voted for it had they been present. It is a great satisfaction to know that we have in the upper branch of our Legislature intelligent, upright, honorable men and we know of no instance where a Senator has expressed other than the good of the public as the basis of his support of the bills we have favored, and that is all we ask in soliciting legislation.

We turn from the action of the Senate to that of the Assembly. We had many intelligent men in that body who were impressed with the gravity of the situation after they had investigated it. They realized something of their responsibility for human life and the health of our citizens as affected by legislation, and they voted for Senate Bill 149 as the only bill that gave promise of safeguarding those sacred interests. All honor to them for asserting their manhood and voting for what they believed to be **right**.

We shall not characterize those who voted against that bill other than to say, in charity, that we believe it was, in the case of most of them, largely ignorance or lack of judgment as to the seriousness of the situation as affecting the future welfare of our State and its citizens. We are deeply pained to add that in the case of some the chief ground given the writer for opposing Bill 149 was the receipt of some affront given them by a doctor or doctors; the right or wrong of the bill **seemed** of little importance. The thought of "strangulation" of chiropractic was not mentioned until after that "hearing" at which the chiropractors so characterized it.

The following are the names of the Assemblymen who voted against Bill 149:

BLAIR, of Atlantic; BLIZZARD, of Cumberland; CHAMPION, of Essex; CORIO, of Atlantic; DUTCHER, of Essex; ELDRIDGE, of Union; LOORI, of Hudson; LYONS, of Middlesex; PATTERSON, of Hudson; PETERSON, of Middlesex; STEPHENS, of Hudson; TAYLOR, of Essex; TOZER, of Bergen; TUTTLE, of Hudson.

Absent: Appleby, of Middlesex; Sexsmith, of Monmouth; Van Ness, of Essex. Nelson, of Hudson, did not vote on roll call. Seibel, of Hudson, was absent, would have voted for the bill.

THAT HEARING.

We have attended many legislative hearings in New Jersey, and that which was held March 28th on the so-called Medical Bills was the most remarkable.

Never have we seen such a marked contrast between the advocates and opponents of measures under discussion, in the stamp of men, in the arguments or lack of arguments, in the standing for the public's welfare on the part of the medical men and the grasping for power and the indulgence in gross personalities on the part of their opponents. And to cap the climax the introduction of two men to prove the miraculous power of the chiros in restoring them from total blindness to perfect sight "after the doctors and specialists had all failed," and worst of all the sacriligious reference by one of them on that Easter Monday to the Great Physician. Why did not those two men try the old method heard of long before the chiros came into existence:

"There was a man in our world and he was wondrous wise;
He jumped into a bramble bush and scratched out both his eyes.
And when he saw his eyes were out, with all his might and main,
He jumped into another bush to scratch them in again."

Why did not our friends try the bramble bush and avoid the tedious method of 180 spinal adjustments?

We ask why it was that at that hearing we did not have the presence of the distinguished osteopaths or chiropractors from Boston, Chicago and Philadelphia who were present at a previously held meeting? Were they extinguished by the pointed questions asked them by Counselor Wall at the former hearing? Or were they afraid they would be asked about the standing and equipment of their so-called medical schools, or how far they were responsible for the wholesale propaganda connected with the Miriam Rubin case that in a brief space of time exceeded in misrepresentation and downright lying the more lengthy and secret propaganda preceding the World War?

We believe the recent hearing did good not only because of the able, forceful presentation of the issues involved in the speeches of Drs. Costill, Eagleton, Margaret Sullivan and McAlister, Counselor Wall and the New York State Regents' Board Representative William Cutler, but also because of the marked contrast in the attitude and personalities of the osteopaths and chiropractors; their sympathizers—a majority of the committee who presided, we believe

helped to get that splendid vote of 40 to 14 in the Assembly that evening, by the questions they asked the medical men and the questions they failed to ask the men on the other side.

ARE DOCTORS GREEDY?

We submit to our readers two articles that came to our notice just as the Journal was ready for the press, which show that men of brains are capable of judging between altruistic service and the service of men who are in ordinary business, professional or political work for all they can get out of it of money or other personal gain. We insert these articles without other comment than to state that the true doctor is not in search of compliments, nor will he lessen his altruistic service to humanity because of adverse criticism or misrepresentation:

THE DOCTOR.

From the N. Y. Tribune, April 1st.

The alleged rapacity of doctors is one of the meanest of libels. It is contradicted by common knowledge and everyday experience. The physician who thinks first of his fee is a rarity.

The young woman of Trenton who was ready to sell herself in marriage for \$1,000 to pay for an operation on her mother need only have gone to the nearest hospital and not a cent would have been asked. A Brooklyn doctor a few days ago got up from a sickbed to take a bullet from the brain of an insane prisoner. His fee was—nothing.

From the time of Galen the medical profession has been the butt of the jesters. Most of the jokes are variants of "The surgeon buries his mistakes." Addison, in *The Spectator*, thought it good humor to write: "We may lay it down as a maxim that when a nation abounds in physicians it grows thin of people. . . . This body of men in our own country may be described like the British army in Caesar's time. Some of them slay in chariots and some on foot. If the infantry do less execution than the charioteers it is because they cannot be carried so soon into all quarters of the town and dispatch so much business in so short a time."

Yet there were doubtless fifty doctors in London who would have given their days and nights to Addison, though he hadn't a guinea to pay.

It is only in modern letters that we find

real appreciation of one of the noblest of professions—in the poems, for example, of William Ernest Henley, who knew what it meant to be In Hospital. It is good to feel that these lines from his sonnet "The Chief" truly express a sentiment that is general today:

If envy scout, if ignorance deny
His faultless patience, his unyielding will,
Beautiful gentleness and splendid skill,
Innumerable gratuities reply.

Doctors are no doubt lower than the angels, but in whose daily labor is there more of unselfish service to fellow human beings?

The second article is as follows:

A Lawyer's Tribute to the Doctor. Where Will You Find Another Man to Match the Average Doctor?

Alton B. Parker, formerly Chief Justice of the Court of Appeals of the State of New York says: "Where will you find another man to match the average doctor. He lives the true altruistic life, devoting himself unreservedly to others. His skill and time are yours on the shortest notice, in the blackest hour of night, and in the worst of weather. His devoted unselfishness, ready sympathy and healthy good humor but increase his gray hairs. I, for one, expect to find a neat M. D. shingle decorating very many of the more palatial Heavenly Mansions on Goodandfaithful Avenue."—Medical Review of Reviews.

LONGER HOURS NEEDED.

We do not always agree with our friend, Dr. W. J. Robinson, editor of The Medical Critic and Guide, but we are inclined to believe that the following is worthy of our favorable consideration:

I am sorry, once again, to have to expose, what my ultra-radical friends will be pleased to call my reactionary tendencies and my unmistakably bourgeois morality. But I have nothing to lose. For it is as hopeless for me to expect to gain the unqualified approval of my ultra-radical r-revolutionary friends as it is to overcome the spirit of antagonism and persecution of my ultra-reactionary enemies. He who insists on going his own way, following his own light, sacrificing no fundamental principle for the sake of expediency and refusing to join any party or movement will never have a large or enthusiastic following. So it doesn't matter. . . .

It goes without saying that I believe strongly in a short workday, as a gen-

eral principle. I have always considered it one of mankind's great tragedies that up to recently most adult men and women, and, yes, children too, had to spend practically all the waking hours of their lives in the mere struggle to make a living. They worked to make enough to live, and they lived only to work. Of **Life** itself they got out nothing. Many were the millions who went to their graves without even having tasted life. And all humanitarians must rejoice and do rejoice that the humblest of workers are now having considerable leisure.

But before extending this leisure still further, I should like to inquire and find out how people are going to utilize their leisure. Here, I know, my radical friends would interject that it wasn't mine nor anybody else's d—— business how the working people were going to employ their leisure time; that they were not slaves, that their free time was their own, and that they could use it as they d—— pleased. Perfectly true. And yet I should insist upon inquiring how a man's leisure hours were going to be employed. I am not so extremely individualistic as to believe that man owes no duties to society. If a man is going to spend his leisure hours beating his wife, or getting drunk, or witnessing prize fights or attending vicious movies or corrupting burlesque shows—why then it would be better for himself and for society if his leisure hours were shorter and his working hours longer. I know it is dangerously bourgeois to give utterance nowadays to such sentiments, but "them's my sentiments," and you wouldn't want me to hide them, would you?

And I would say that particularly now, when so much has been wantonly destroyed by the wicked war, when so many millions in Europe are in need of food, of clothing, of shelter, of coal and of transportation facilities, the advocacy of shorter, or rather fewer and still fewer hours seems to me extremely ill-timed. It is, in my opinion, **anti-social**, which is equivalent to the stronger term, criminal, used by others. In my humble opinion in order for humanity to recover from its near-mortal wounds we need not shorter, but longer hours. I believe there is work for everybody; every able-bodied man and woman can be utilized; and every man and woman should give to society the best that is in him or her. Only thus

can humanity hope to recover from its wounds. Now is not the time for laziness, for shirking, for sabotage.

We defer insertion of an editorial on the work of our State Society's Welfare Committee until next month. Our members should realize the need of such a committee; should know something of the work that committee has been doing, and of the work that still needs to be done for the good of our profession and its great work, especially of promoting the public's welfare.

We need to come up to our 155th annual meeting next month prepared by careful investigation, deliberate consideration and well digested plans for the future of a Society that has had a history so honorable, of which we have a right to be profoundly thankful and proud.

We have given considerable space in this issue of the Journal to the Osteopathic and Chiropractic legislative situation and to the advertising propaganda in the Miriam Rubin case, because we are decidedly of the opinion that our members, if not the general public, should be acquainted with the facts and be enabled to take intelligent action at our annual meeting for the protection of the public. Our ethical code wisely forbids our advertising in the daily press, but in these matters affecting seriously the lives and health of our citizens it becomes our duty to guard the public against this false advertising propaganda that is deceiving them. The department of the A. M. A. that is investigating and reporting in their Journal on such propaganda for their readers' benefit, sent the following in reply to a letter of the Editor asking information:

The full-page advertisement of Chiropractor McDonald is identical in layout and copy with that appearing in various newspapers all over the country. The fact that it is false in essence and inference seems to be of little moment to the newspapers that are reaping the harvest.

The newspapers are reaping a harvest from such ads and are allowing these men to give their "lectures" and "talks" on health in their columns, closing usually with notice of their offices and office hours.

Nearly every year some new group of "healers," with little education, or no education, are recognized by some State Legislature and are made by law the

equals of medical practitioners who have given years of study to qualify themselves to treat the sick. Who is to blame for this ever-increasing interference with the liberty of medical practitioners? If the medical societies of the land—county, State and national—were conducted as they should be and exercised the influence that they readily could if their officers were in general more alive to their responsibilities, possibly a halt might be called to this meddling by politicians and cranks with the practice of medicine.—Medical Record.

We note with special commendation the good work that is being done by the Hudson and the Essex County Medical societies. They are becoming fully awake to the responsibility that is resting upon medical men in these days of unrest and exploitation of all that stands for the protection and betterment of society. We have been glad to welcome the Hudson County Bulletin. It does the manager credit.

MEDICAL SOCIETY OF NEW JERSEY.

Reinstated and New Members.

The following members have been entered on the Roll since the Official List was issued—with the February Journal:

Albee, Fred H., Colonia.
 Albee, George C., South Orange.
 Baechler, Jules, West New York.
 Bailey, Wilson G., Camden.
 Barrett, Wesley J., Camden.
 Bien, Frank A., Irvington.
 Bossert, Charles L., Atlantic City.
 Boysen, Theophelus H., Egg Harbor City.
 Casilli, Arturo R., Newark.
 Cherashore, Harry, Nutley.
 Corrigan, George F., Newark.
 Corson, Filbert R., Atlantic City.
 Cox, William W., Montclair.
 Cyphers, Edward O., Belleville.
 Davis, W. Price, Jr., Atlantic City.
 Dunlap, Thomas G., Atlantic City.
 Filer, B. Boynton, Atlantic City.
 Finkler, Rita S., Newark.
 Flower, Morris A., Newark.
 Fort, William B., Plainfield.
 Fox, William, Atlantic City.
 Frisch, E. H. Fred, Atlantic City.
 Gano, F. J., Newark.
 Guion, Edward, Atlantic City.
 Heller, Norton B., Newark.
 Herold, Harvey T., Newark.
 Huberman, John, Newark.
 Hudson, W. J., Pleasantville.
 Ill, Carl H., Newark.
 Irwin, J. R., Belleville.
 Kennard, William S., Newark.
 Kirkwood, Allen S., Montclair.
 Lake, Wilson A., Erma.
 Lawrence, Minnie J., Newark.
 McConaghy, E. J., Camden.

McCullough, W. A., Bloomfield.
 Madden, Edmund H., Absecon.
 Marshall, Joseph C., Pleasantville.
 Marvel, Philip, Jr., Atlantic City.
 Medd, John C., Maplewood.
 Morse, George V., Bloomfield.
 Mullin, Raymond J., Newark.
 Munro, Henry C., Pleasantville.
 Nash, William G., Newark.
 Neare, Clifford R., East Orange.
 Proctor, Jesse E., Newark.
 Quinn, Norman, Atlantic City.
 Reich, A. Z., Newark.
 Satchwell, Harry H., Newark.
 Scott, George, Atlantic City.
 Scudder, Frank D., Montclair.
 Senseman, Theodore, Atlantic City.
 Shimer, Arthur B., Atlantic City.
 Shivers, Charles H., Atlantic City.
 Silverstein, Benjamin J., Newark.
 Singer, Max, Newark.
 Stern, Samuel, Atlantic City.
 Stevens, J. Thompson, Montclair.
 Stickney, Otis D., Atlantic City.
 Taggart, Thomas D., Atlantic City.
 Thompson, Arthur F., East Orange.
 Wendelboe, L. T., Newark.
 Wescott, William C., Atlantic City.
 Williams, Gurney, Atlantic City.
 Wright, Eliz. T., Atlantic City.

Further lists of new and reinstated members will be inserted in the Journal when the dues of such are received by State Treasurer Mercer and names are forwarded to me by the Secretary.—Editor.

ANNUAL MEETINGS.

Medical Society of New Jersey, Hotel Chelsea, Atlantic City, June 14-16. Plan to attend it.

New Jersey State Pediatric Society, Hotel Chelsea, Atlantic City, June 13. Evening session.

American Medical Association, Boston, Mass., June 6-10.

Amer. Medical Editors' Association, Hotel Lenox, Boston, Mass., June 6 and 7.

MEDICAL MILK COMMISSION, ESSEX COUNTY.

The Medical Milk Commission of Essex County, New Jersey, on the afternoon of November 2nd, 1920, visited the Wood Brook Farms Dairy at Metuchen, New Jersey, with a view to the endorsement of the milk certified to by the Medical Milk Commission of Union County, No. 4.

An inspection of the entire plant was made in company with the president of the Union County Medical Milk Commission No. 4, Dr. B. Van D. Hedges, Dr. Frederic J. Hughes, Dr. Edward S. Krans and other physicians associated with the commission, as well as the owners of the dairy.

A critical examination was made of the stables, the cows, the milkers, and other employees, the dairy building, the bottling, cleaning, sterilizing and cooling rooms, ice-plant, engine-room, pump, artesian well, repair shop, blacksmith shop, men's dormitories, eating quarters, baths, toilets, etc.

The entire plant presented an extremely attractive appearance, with very little for adverse criticism.

The health of the cows is watched over by a herdsman and a veterinary surgeon, employed by the dairy except for the tuberculin testing which is under the joint supervision and control of the federal and state governments, the herd being an accredited herd, i. e., free from tuberculosis. The owners desire to place their certified milk in Newark, and have expressed their entire willingness to co-operate with this commission in any way. This commission feels that the milk is exceptionally good, even for certified milk, and recommends to the medical profession of Essex County its use for infant feeding and for invalids.

CLINICAL CONGRESS OF AMERICAN COLLEGE OF SURGEONS.

New Jersey Section.

Arrangements are being made to hold a session of the New Jersey Section of the American College of Surgeons in Newark, N. J., on April eleventh and twelfth. This meeting has been authorized by the American College of Surgeons and has for its object the promotion within the individual states and provinces of the purposes for which this organization was founded, viz.: raising the standard of surgery and improving the environment in which the surgeon must do his work. The two-day session will embrace the following meetings.

1. Surgical and diagnostic clinics and clinical demonstrations to be conducted during the mornings (both days) by Fellows of the college and invited associates of the City of Newark; these clinics to provide for practical demonstrations of the group method of diagnosis and teaching, in co-operation with internists, pathologists, roentgenologists and other specialists of medicine.

2. On the afternoon of the first day, Monday, April 11th, a hospital conference will be held, to which will be invited superintendents of hospitals, chiefs of staffs, superintendents of training schools for nurses and other officials within the state, having a capacity of over fifty beds. This meeting will be addressed by speakers of prominence to be chosen by the central office of the college.

3. On the evening of the first day there will be a public meeting which will be addressed by a layman of note in our state, by officers and Fellows of the College of Surgeons chosen by the central office and to which a general invitation to the profession and public will be extended, especial pains being taken to attract the interest of scientific, educational and charitable organizations, who will be acquainted with the efforts of the college and the way in which the public can help the profession in its work of caring for the sick and in preventive medicine.

4. On the afternoon of the second day (Tuesday, April 12th), a scientific meeting will be held, at which there will be a resume of the work done at the various clinics of both days, addresses will be made by officials of the college, papers of surgical interest will be read by two surgeons of the state and a general discussion of all the work done will follow. Afterwards the executive meeting of the Fellows of the State will be held, at which the

election of the executive committee, selection of next place of meeting and other routine business will be transacted.

Meetings of this kind have already been held in several States, particularly in the West, and have everywhere aroused considerable interest both among the profession and the public which is made to feel that it is being taken into partnership and will benefit by the improved methods of conducting medical and surgical work.

The officers of the State Section are Dr. Walter B. Johnson, president; Dr. George H. Sexsmith, secretary; and Dr. Wells P. Eagleton, counsellor; and the local committee having charge of the details of the coming session are Drs. E. Z. Hawkes, Edward J. Ill. Edward Staehlin, John F. Hagerty, chairman, and Carl E. Sutphen, secretary. This committee is being aided in its work by Drs. F. Haussling, J. B. Morrison, Edward Sprague, Clarence O'Crowley and Samuel Robertson.

Much preliminary work has already been done by these committees, considerable enthusiasm exists over the prospects of a successful session, and the co-operation of not only the Fellows of the State but all medical men interested in advanced surgical work and better hospitals is earnestly requested. Communications may be addressed to Dr. Carl E. Sutphen, secretary, 31 Roseville avenue, Newark, N. J.

COMPREHENSIVE CHILD HYGIENE PROGRAM IN NEW JERSEY.

By Julius Levy, M.D.,

Chairman of Bureau of Child Hygiene, State Department of Health.

State-wide Activity.—Activities of the Bureau of Child Hygiene of the New Jersey State Department of Health are being carried on in every county of the State. Nurses and consultation stations are located in sixty-five communities. Nine municipalities have already assumed whole or part of the responsibility of providing appropriations for continuing or extending the work initiated by the Bureau.

Child Hygiene Nurses.—Seventy-nine nurses are following the State's plan of Child Hygiene work. The nurses made 105,437 visits to approximately 12,000 babies and 2,000 expectant mothers, exercising at the same time supervision over the children of pre-school age, detecting and having corrected many defects and deformities. The nurses in their visits have discovered 214 late reported births and 282 unreported births, thus materially helping complete birth registration. 285 cases of bad housing and unsanitary conditions were discovered and reported by the nurses to the proper authorities. They have also helped in the checking of contagious diseases, having reported 279 cases discovered in their home visits. Special efforts have been taken toward the prevention of blindness by taking eye smears in suspicious cases.

Continuous Supervision.—In thirty communities the Bureau has worked out a complete Child Hygiene program by arranging for the supervision of the child from conception to adolescence by one nurse. In this way the school children are supervised at the same time as the pre-school children and the babies,

thus eliminating duplication of visits and annoyance to the family.

Consultation Stations.—Consultation stations have been established in communities to supplement the work of the nurse in the home. Local physicians have co-operated in the management of these Baby Keep-Well Stations. Prizes are given for regular attendance and adherence to Child Hygiene rules, especially continuous breast-feeding. These can be designated Prize Mothers instead of Prize Babies.

Supervision of Boarding Homes.—An addition to the State Sanitary Code has been made granting power to the State Board of Health to issue licenses to boarding homes for children. Through this licensing power investigations and surveys have been made, resulting in the closing of undesirable homes and baby farms and in the licensing of those which conform to a certain standard. Unnecessary separation of children from their parents in many instances has been prevented.

Unmarried Mothers.—Special emphasis has been given to the protection of the infant of the unmarried mother. An effort has been made to place each girl under the proper supervision of a social agency or a nurse in the community so that the baby will be breast-fed and the problems of the mother properly dealt with.

Supervision of Midwives.—Supervision of midwives in New Jersey has been carried on in every county by special supervisors of midwives, who instruct them in the principles of Child Hygiene, obstetrics, sanitation and cleanliness. Efforts have been made to eliminate the unfit, the dangerous and the unlicensed midwife. There are approximately 450 midwives in the State and these are visited once a month. Midwives' Associations have been formed in the various counties which act as a stimulant for the promotion of higher standards.

CHIROPRACTIC PROPAGANDA.

The Miriam Rubin Case.

A chiropractor inserted in the New Brunswick Times of March 6, 1921, a full page advertisement in which were these words:

"Another Chiropractic Achievement. Our Nation Held Spellbound by the Natural Success of Chiropractic."

"The Case of Miriam Rubin of Waukegan, Illinois, which Baffled the Medical Scientists."

"She Has Completely Recovered and Is As Healthy and Happy As You!"

There was a picture of the child on the sheet and these words. "Her recovery was almost instantaneous."

The Editor of this Journal, knowing of the extensive propaganda carried on in this case, wrote to the physician of the Rubin family for the facts in the case. The following was his reply.

From Dr. R. H. T. Nesbitt.

Dear Doctor:

March 13, 1921.

I feel like taking you by the hand and sending you a personal note in addition to the general letter and statement I am enclosing for your spirited little note asking for facts. Regarding my patient, Miriam Rubin, you truth-

fully characterize the chiropractic ads as a pack of lies from beginning to end, and I hope you and your Grand Society will truly show them up and tell them where to get off at.

I am inclined to be most tolerant of all methods, even Christian Scientists (misnamed) if they will be reasonable and not lie. But in this case I have never seen such glaring atrocious lying in any patent medicine advertisement. I feel quite sure the headquarters of the mill that grinds out in three months professors of the miracle workers is where all the flagrant announcements are manufactured and emanate from; being of uniform type in all parts of the country. Of course, medical men have not been deceived, nor any one who thinks logically; but the public in general should be undeceived. Of course we have all had to treat patients who have been injured, especially by the chiro thrusts and neck snapping.

As I state elsewhere, little Miriam was left with a very tender spine after such treatment. Just the last few days she allows it to be touched. She is now weak and neurasthenic. It will take some weeks before she will be able to be about, is still not able to leave her bed.

Yours fraternally,

R. H. T. Nesbitt.

You may use this in any way you please.

Dr. Nesbitt also sent a copy of the Waukegan Sun in which was his statement as follows:

Attending Physician in the Rubin Talk-sickness Case Makes Public Statement.

Dr. R. H. T. Nesbitt, attending physician in the Rubin girl case, has become incensed apparently over the wide publicity that has followed the case. Accordingly he has written this communication to the Sun in which he expresses himself:

Editor Daily Sun: I am compelled to ask a little space in your paper. I am deluged with letters and phone messages from discerning, thinking people who discredit the notorious, sensational and highly exaggerated fabulous accounts published. The family have been annoyed by the continued low fiction in exploiting the case. Just five minutes ago Mr. Rubin, the father, remarked that there was not five per cent. of the "write-ups" true.

First.—The medical men were not baffled; nor at the end of their resources.

Second.—Medical measures and remedies have constantly been administered and there was gradual improvement; and the morning before the chiropractor gave his treatment the child had normal temperature, and had several intervals of sleep. The functions of the body had to be kept acting by medication and other means. Otherwise we might have had fatal results.

Third.—There was no mal-alignment of the spine or any dislocation of the vertebrae. As four capable medical men had carefully examined the spinal column and the whole body. Subluxation of vertebrae is a talking proposition of a certain clique of spinal mania-phobists. Authorities state there is little or nothing to it. Pressure on nerve produces impaired function or paralysis, not excitement.

Fourth.—It is not true that there was a sudden cessation to all symptoms. No medical

man, surgeon, physiologist, no neurologist, psychologist or psychiatrist of any analytical mind would for a moment think that an excited state of the speech center buried deep in a lobe of the brain could be quieted by any snap of the neck or thumbing of the spine. The blood test demonstrated irritating agents circulating through the exciting cells concerned in the faculty of speech. As they did other centers causing the restlessness. The talking was only one of the symptoms.

It is not true that the child was delirious and irrational. She was not only rational but very bright and witty, amusing us frequently with her quick and clever answers to our questions. She was perfectly docile, taking her medicine and submitting to any handling necessary without complaint, always with a thank you.

Fifth.—It is not true that the temperature fell suddenly. The betterment is what could be expected for the time the affection had lasted and the medical treatment she had received. The temperature kept persistently up during spinal chiro treatment. Several days ago I ordered all spinal so-called adjustment stopped, for previous to the chiro treatment the patient had not a pain or ache anywhere. She became so sore and tender that she dreaded the operation and reads anyone to touch her.

Miriam Rubin is still a very sick child, but I hope with long continued absolute rest and internal medication and soothing applications to the back she will be restored to perfect health.

R. H. T. NESBITT.

Waukegan, Ill., Feb. 28, 1921.

Another Letter from Dr. Nesbitt.

I have just time here to state that absolutely all the statements of the chiropractor are false, sensationally dramatic, absurd and represent commercial exploitation. As far as I know the chiropractor did not solicit the case, but the family was urged by strangers from eastern and western cities to get a chiro practitioner by telegrams and letters and also by some persons here. I had four high-class medical men (Chicago), three allopaths, and one an expert laboratory diagnostician (homeopath), who were neither baffled nor confounded, neither had I lost confidence but was administering remedies all the time being approved and ordered continued by consultants. Finally, as the family by the urgent importunities of outside strangers wanted to try the chiro, I consented and there was no such dramatic scene at the bedside. * * * The only observed effect of spinal so-called adjustment was to make a non-complaining, painless child full of fear, moan continuously from pain in cervical and dorsal spine; so much so that I had to order the chiropractic treatments discontinued which was more than ten days ago, with rest and soothing applications to spine; she is now nearly normal there, and is now improving rapidly. I made several attempts to withdraw when the chiro came but the family and relatives would not permit me to do so.

R. H. T. N.

Here is what the Journal of the American Medical Association, in an editorial, says of that case:

Medical Facts and Chiropractic Fiction.

Throughout the length and breadth of the country there has recently been heralded an alleged marvelous cure of what the newspapers have been pleased to call "talking sickness." Not only have the newspapers made sensational stories out of it, but the chiropractors have used it as a basis for flaming newspaper advertisements extolling the virtues of their cult. Reading these news articles and advertisements one learns that an 8-year-old child was suffering from a "strange talking malady" that was so remarkable that "specialists from all parts of the country were interested in her case." Further, one learns that "every form of sedative had been administered without improvement," and "all the medical physicians and consulting specialists whose services were tendered" failed to bring relief. Finally, a chiropractor "pleaded for the opportunity to save the child and gained consent of the parents." In a "few moments" the chiropractor "adjusted" the "second and fifth vertebrae," and "the talking stopped!" And, continued the full page advertisements in very large and very black type: "She Has Completely Recovered and Is as Healthy and Happy as You." So much for the fiction. It made a good newspaper story, especially for those newspapers that saw in it the opportunity to suggest to the chiropractic fraternity that, as their business had been given a magnificent boost in the news columns, it was highly desirable that they should add to this free advertising momentum an additional urge through the advertising pages. Rate card enclosed. What are the facts? Briefly these. That the child did not suffer from so-called "talking sickness"; that the alleged adjustment of the spine did not "cure" the "sickness" and, finally, that the child has not "completely recovered," but is still dangerously ill. The case was one of epidemic encephalitis, with a temperature ranging between 99 and 103 and active delirium, inequality of the pupils and strabismus. The improvement was gradual and that incident to the ordinarily observed progress of the disease. As shown by the case record, the chiropractor's "treatment" did not modify the course of the disease. The "talking" had ceased at intervals previous to his visit and continued at intervals after his "treatment." But the publicity given the case offered great opportunities for advertising and, as advertising is an important part of the chiropractic curriculum, it is but natural that this cult should take advantage of it.

OSTEOPATHS AND THE JERSEY CITY HOSPITAL.

February 16, 1921.

To the Commissioners of
Jersey City, N. J.

Gentlemen:

The City Hospital built and maintained under your administration, we notice, has been and is now receiving a large amount of favorable attention, in the public press, for its splendid facilities and good results in all departments.

But there is an important element lacking in the Jersey City Hospital, and that is that no provision has been made for osteopathic treatment by osteopathic physicians, when indicated and desired, no osteopathic physician officially

on the medical staff for consultation purposes, and no ward or part of ward set aside for patients who desire treatment by osteopathic physicians.

In our judgment and the judgment of the thousands who are taking osteopathic treatment and know of its importance as a helpful and curative science, and osteopathic department is all that is needed to make the City Hospital the most efficient, helpful and up-to-date hospital in the country. Therefore, gentlemen, we would suggest that provision be made to cover this needed service.

Thanking you for giving this matter consideration, we remain,

Yours respectfully,

Albert J. Molyneux, D. O.

Cora Belle Molyneux, D. O.

Jersey City Hospital, March 15, 1921.

Albert J. and Cora B. Molyneux,

Dear Sir and Madam:

Your letter to the Board of Commissioners relative to osteopathic treatment at the Jersey City Hospital has been referred to me. In reply I would say that every necessary phase of medical and surgical activity is covered at the Jersey City Hospital.

For obvious reasons no change can be made, nor is any anticipated, in the present hospital scheme.

Yours sincerely,

(Signed)

John Nevin, M.D.,

Medical Director.

Editorials from the Lay Press.

Not a Doctors' Fight; A Question of Standards.

From the Newark Evening News.

If chiropractic and osteopathy are to grow in public confidence and employment as departments of healing, those who practice them are vitally interested in placing them upon the highest plane. To do this they must seek not only to prevent intrusion of the unfit, nor only to raise standards within the school, but to meet tests which experience has constructed for all practitioners of the art, which, next only to divine providence, holds the balance between life and death.

The older schools of medicine and surgery did not achieve their present status in a generation, nor by legislative selection. They have been creatures of slow growth and their greatest progress has been made within recent times and fostered chiefly by increasing development of standards. It has been less than a decade, for instance, since American medicine developed a real sense of introspection, and the urge to that sense came not from within but from an outsider—a layman. But, since the urge had its effect, there has been progressive elimination of inadequate medical schools, tightening up of educational standards, an increasingly coherent demand for a broad conception of the profession's essential relationships to the body social.

Vocal agencies of the chiropractic fraternity, and to a less degree those of their elder brethren of osteopathy, have relied too much upon the somewhat sniffing plea of persecution by the "regular" medical men in seeking special legislation in their own interests. Largely on this basis, aided by effective use of po-

litical means, the chiropractics last year succeeded in having passed at Trenton a law which not only gave them legal recognition as practitioners of healing, but set them apart from the allopathic and homeopathic physicians, the eclectic school and the osteopaths; gave them a board of their own creation for the examination of their novices and the admission of their licentiates, and, in short, made them to all intents and purposes a law unto themselves. All other schools of medicine and healing recognized by New Jersey law are required to submit to the examination and accord when the requirements established by the general medical board of the state, in which all have representation.

Pending now at Trenton is a bill to undo that special legislation. It would abolish the chiropractics' board, put a chiropractor on the general medical board—on which the eclectics and the osteopaths are represented by one member each—and set up the same standards, as to fundamental educational and moral qualifications, for chiropractors or any other new school that may be born next week that the older schools have to meet. The bill does not disqualify any license already granted. It applies to future applicants for licenses only. It does not allow the terrible medical doctors to deal with questions in controversy between the schools, but it does demand that chiropractors, as well as other kinds of healers, shall be educated men, or women, not simply according to the standards of colleges of chiropractic, but according to universal educational standards in the judgment of the state commissioner of education.

The chiropractors themselves, in a bill offered for them, recognize defects in the act they had passed last year and seek their correction, but carefully retain the exclusiveness of their school under its own special board and its own standards. And the osteopaths, encouraged by the success of the chiropractors last year, sponsor a third bill which proposes that osteopathy shall have a board of osteopaths who shall be authorized to license novices in that school according to its exclusive standards.

In this bill of the osteopaths there is a suggestion of serious danger. It proposes that the board of osteopaths shall be empowered not only to issue licenses for the practice of osteopathy simple, but licenses also for the practice of general medicine and surgery. As regards surgery especially, it is a most doubtful proposition. Surgery is a far more exact science than medicine, and one that in hands unfitted for its practice holds greater peril of death than promise of cure. If the schools of osteopathy have developed departments of surgery that would justify this grant of power, the fact is not generally known.

This state today does not license medical doctors and surgeons unless they are graduates of Class A medical schools, whatever other qualifications they may have. The exactions of those schools are severe, their standards the highest. If the doctors submit their own licentiates to such rigorous but justifiable requirements, are they fairly open to attack if they insist that licentiates of other schools, following courses more or less uncharted by experience as compared with their own, shall have average academic educations, dependable

professional knowledge in the fundamentals of the healing art, and the personal character that permits the assumption that their practice will be conscientious and ethical?

To raise a hue and cry against persecution when standards are demanded is policy. It suggests, fairly or not, a disposition to beg the issue. The issue raised by these bills at Trenton is that this state's standards of medical fitness shall be high, whether a man undertakes to cure malaria with pills of quinine or of sugar, by spinal manipulations or massage, by vaccine or thought transference, or merely by screening the bed chamber against Anopheles.

The public health and the public safety are involved. In such issues politics and special privilege have no place.

(The Newark News is right when it says this is "Not a Doctors' Fight" if we mean a fight for the doctors' material interests, but it is a fight, as it ever has been, for the protection of human lives and health, generally at the sacrifice of financial benefits for the doctor.

We express our high regard for a newspaper whose managers are willing to sacrifice some financial gain by giving honest, expression on matters affecting the public's welfare that might offend some of its advertisers.—Editor.)

Public Welfare the Issue in Pending Medical Bills.

From the Newark Evening News.

As regards final action on any or all of the medical bills pending at Trenton, there is just one consideration that can be made a safe guide to legislative action. That consideration is. What is best for the people? And the answer is equally plain: Whatever best insures the highest standards for the preparation of men and women to practice the highest practical art given to mankind, that of healing the sick.

It is not essential that all schools of healing, or any of them, should fully approve what is done. It is essential that those to whom it falls to enact the legislation shall consecrate their efforts to doing conscientiously, in the light of all obtainable facts, the best that foresight can insure for the public health and welfare. The surest way to fail of attaining that mark is to compromise with half-measures.

Neither the medical doctors, nor the chiropractors, nor the osteopaths nor any other school or cult is really a party at issue. The sole party having a rightful interest in the outcome is the body social of this State. The rightful representatives of that party are the members of both houses of the Legislature, severally and collectively. Local interests and special claims have no place. And those who by their votes will determine the issue must assume the responsibility, in their political persons and in their private consciences.

They will do their duty or fail of doing it just so far as the ultimate result of their labors conserves, builds up and fosters, or weakens, undermines and saps, the State's standards for the practice of the healing art in any and all of its schools.

The whole people, not the doctors, whatever their label, are to be benefited or penalized by this legislation.

DO NOT FORGET THE

date of the Annual Meeting, June 14-16,
at Atlantic City.

Do not fail to attend. You cannot afford to miss it. It will mean much to you and the profession's future.

MISCELLANEOUS ITEMS.

(Continued from page 126.)

A Possible Carrier of Encephalitis.—Lemierre relates the case of a man who recently developed the lethargic type of encephalitis. He was apparently infected from his daughter who had gone through the same malady nearly three years before. She had then been seen by Netter who had followed up the case during the interval. The girl herself escaped a second attack. On account of the presence of an epidemic it could not be so surely held that the girl was a carrier. The latter had apparently not wholly recovered from her original attack and on last September suffered a sort of recrudescence of some of her old nervous symptoms.—*Le Progres Medical*.

Who's Who in the Hospital. — Dr. H. G. Wetherill, of Denver, Col., formerly of Trenton, N. J., at the annual meeting of the Western Surgical Association, said that all attempts to standardize hospitals and to establish in them scientific procedures, orderly methods and co-ordinated endeavor for the attainment of better results, must depend primarily upon the measure of success each hospital had in organizing and amalgamating the whole working force of the institution. In a closed hospital with a relatively small and carefully chosen staff of well trained and efficient medical men, such organization and standardization were easy of attainment and were to be expected as a natural consequence of the favorable factors presented. Careful case recording, laboratory facilities, autopsy study and co-ordinated diagnostic, therapeutic, and research methods should prevail. Unfortunately, there were comparatively few such hospitals in America, and of the open hospitals, only a relatively small number were so conducted as to be controlled or dominated by a group of highly trained and scientific men, even when such were available on the staff of the hospital. It was absolutely essential as a fundamental basis for progress along the lines of better hospital organization, which might some day lead to standardization, to first control and govern this disassociated, irresponsible and unorganized element in the existing hospital system. It had been said many times that the standardization of hospitals and the standardization of physicians and surgeons must go hand in hand and that the advancement of one of these necessarily implied the progress of the other, but this could be true only if their interdependence was closely tied together and if consistent effort was made to bring within the fold all surgeons and all hospitals that presented evidence of qualifications that should entitle them to recognition. Once established, such a system would soon create for

those hospitals and those surgeons who conformed to its requirements a prestige that would compel the compliance of all the others. The history of the reorganization of medical education in America would be repeated and the standardization of American hospitals would then be a readily solvable problem.

Therapeutic Notes.

Pneumonia.—William Henry Porter emphasizes the importance of elimination in cases of pneumonia. When it is impracticable to keep the bowels active by the use of laxative agents, high rectal irrigation, using large quantities of plain water, will often be the means of saving a pneumonia patient. Active elimination must be maintained at all hazards. Without it the patient will almost inevitably die.—*Western Medical Times*.

Raynaud's Disease. — Dr. Proskauer, in *Deutsche med. Woch.*, Berlin, reports a case of Raynaud's disease in a child of 3 years, the favorable course of which showed that the disease in children does not necessarily offer a bad prognosis. A hot foot bath, although it was somewhat painful, had an immediate salutary effect. There were, however, four recurrences during the course of two weeks, all of which yielded to the hot foot bath but to nothing else.

Dementia Precox Cured by Pluriglandular Opotherapy?—Marie and Fourcade claim that not only marked improvement but actual cure may follow the prolonged use of combined thyroid and testicular extract. — *Le Press Medicale*.

Chorea of Syphilitic Origin.—Drs. Cassoute and Giraud report three cases of chorea in children in which there was a lymphocytosis of the spinal fluid and positive Wassermann. The patients were rapidly cured by neosalvarsan, although in two of the cases the chorea appeared to be chronic. In one case the Wassermann became negative with surprising quickness.—*La Presse Medicale*.

Dangers of Whooping Cough.—The general public does not realize the importance of exercising the greatest possible care in dealing with whooping cough, especially when it affects children of tender years. When it is borne in mind that 40 per cent. of the deaths from this disease occur in the first year of life, constant advice and instruction should be given to all mothers attending infant welfare centers, on matters of prevention, and on the nursing and care of children suffering from this disease. It is important also that the homes of children suffering from whooping cough should be visited as is done in the case of measles, and advice given to the mothers to enable them to prevent, as far as possible, the onset of those pulmonary complications which so frequently lead to a fatal termination.—*Med. Officer*.

Hospitals; Sanatoria, etc.

Twelve nurses were graduated from the Long Branch Memorial Hospital at the 24th annual commencement last month.

Bridgeton Hospital.—The report for February shows: 43 patients admitted; 28 operated on; 3 died; 37 discharged; 8 births; remaining in hospital March 1st, 26.

Hackensack Hospital.

The report for February, 1921 was as follows:

Patients admitted, 154; patients discharged, 162; major operations, 45; minor operations, 41; births, 28; deaths, 18; ambulance cases, 30; dispensary cases, 55, and revisits, 27; x-rays, 154.

Days of treatment: Private patients, 736; semi-private, 817; ward pay, 509; county patients, 317; charity patients, 87; total, 2,466. Surgical cases, 1,121; medical cases, 636; obstetrical cases, 709; total, 2,466 days. Special nurses on duty, 263 days.

Jersey City Hospital.

The report for the month of February, 1921, shows.

Patients in hospital Feb. 1st. In wards, 231; in maternity, 28; in nursery, babies, 21; in children's ward, 32; total, 312. Admitted during the month: To wards, 370; to maternity, 42; to nursery, 37; to children's ward, 64; total, 513; total treated, 825.

Discharge during February: Cured, 160; improved, 217; unimproved, 24; transferred, 20; died, 53; total, 474; remaining in hospital, 351.

There were major operations, 106; minor operations, 116; T. and A's, 25; x-rays, 592. Dispensary: New cases, 1,109; revisits, 1,650. Emergency room visits during month, 350. Ambulance calls, 415. Total patients treated during month in all departments, 3,925, including 1,650 revisits. Isolation Hospital: in 1st of month, 46; admitted, 57; discharged cured, 42; died, 2; remaining, 59.

Millville Hospital.—During February there were 47 patients treated; 11 operations performed; 2 died; 31 were discharged; 14 remained March 1st. Eight x-rays were taken. Seven babies were born.

Salem County Memorial Hospital.

The following is the report of the Salem County Memorial Hospital for the month of February: Remaining in hospital February 1st, 15; admitted, 30; discharged, 25; operations, 10; births, 6; deaths, 1.

State Hospital, Morris Plains.

The 45th annual report has recently been issued. It shows:

There were admitted during the year 605 patients, 310 males, 295 females. 483 were first admissions—to any asylum; readmissions, 110, of which 12 were transferred from other institutions.

Among the admissions, 53 were diagnosed as cases of senile psychoses; 45 general paralysis; 170 manic depressive psychoses; 129 dementia

precox. During the year 170 patients were discharged as recovered; 126 were improved, 10 unimproved and 12 as not insane. There were 218 deaths; among chief causes of death were: Pneumonia, 19 cases; nephritis, 38; tuberculosis, 13; cerebral hemorrhage, 18; parietic convulsions, 19; cardiac diseases, 98 cases. 129 were over 50 years of age, 53 over 70 years. Duration of hospital life of those who died: 36 from one to three years; 40 from 6 to 20 years, and 19 over 20 years.

Dr. Britton D. Evans, medical superintendent and chief executive officer, died Jan. 14, 1920. Dr. Marcus A. Curry was appointed superintendent and executive officer, March 12, 1920.

There are at present in the hospital 2,713 patients—1,325 males and 1,388 females, an increase over the preceding year of 44 patients.

Bonnie Burn Sanatorium.

Superintendent J. E. Runnells, M. D., sends the following report for the month of February, 1921: On February 1st there were 232 patients in the Sanatorium, 128 males and 104 females. This number includes 31 males and 35 females in the Preventorium. During the month 16 patients were admitted, 11 males and 5 females. Two of these admissions went to the Preventorium. Among these admissions there were no re-admissions. The admissions are classified as follows: Pretubercular, 2; incipient, 2; moderately advanced, 1; far advanced, 77.

The largest number of patients at any time during the month was 241, smallest number, 232; present February 28th, 237.

Cost Per Patient in London Hospitals.—According to the statistical report of the King Edward's Fund, the average cost per occupied bed in 1919 worked out at £163 13s. 6d., or approximately £3 5s. per week for the hospitals having medical schools (with the exception of St. Bartholomew's), and at £140 10s. 3d., or approximately £2 14s. per week, for the larger general hospitals without medical schools.—Med. Officer.

Hospital Social Service.—The basis of hospital social service is its relation to the medical care of the patient. The restoration and maintenance of health depend in many instances not only on accurate diagnosis and direct medical treatment of pathologic conditions of the body, but also on dealing with the patient's personality, and on the alteration or adjustment of his home conditions, occupations, habits, and community relations. Social treatment must have as its aim the promotion or accomplishment of the doctor's plan of treatment—a plan that has taken into consideration the personal and environmental elements as well as the medical.—Hospital Social Service.

The Hospital Pathologist.—To be of the greatest value to the hospital the pathologist should be competent. This implies, not necessarily, an omniscience in regard to matters of technic, but rather the ability to organize, to utilize, and to correlate the work of the laboratory with that of the hospital. He should, of course, be well trained in laboratory

work in general and competent to supervise and direct its performance, which, necessarily, implies a broad knowledge of technic in general. Above all, he should be competent to interpret the reports in their relation to the particular patient. To do this he must be a trained clinical observer as well as a pathologist; in other words, his education must be well grounded and complete.—R. A. Kilduffe, *Hospital Progress*.

Government of Hospital.—The final governing authority of the hospital should be a board of trustees. No member of the board should be a member of the active or consultant medical staff of the hospital. Hospitals which are under a religious, or public, city or federal organization and which therefore cannot have trustees, should appoint an advisory committee similarly constituted. In addition to the men members of the board of trustees who represent chiefly financial, administrative and broad public interests and experience, it is of much importance that there be included on the board of trustees a representative of some institution of higher education, viz.: university, normal college, and women members whose experience and interest can be relied upon to contribute constructive ideas and opinions.—M. M. Davis, *Mod. Hosp.*

Death.

HALSEY. — At Williamstown, Gloucester County, N. J., on Sunday, March 20, 1921, Dr. Luther M. Halsey, aged 63 years.

Dr. L. M. Halsey of Williamstown, N. J., passed away March 20th, 1921, age 63 years. His death resulted from interstitial nephritis. While not unexpected, the end came as a great shock to the community in which he had practiced for the past forty years.

He was born in Swedesboro, N. J., September 17th, 1858, the son of Dr. Luther Foster Halsey and Catherine Gaskill Murphy. He was also a grandson of Captain Luther Halsey of General Washington's staff. His early education was obtained in the public and private schools of his native town, then to Lehigh University, South Bethlehem, Pa., for some special courses, following which he entered the Jefferson Medical College of Philadelphia, Pa., graduating as a physician in the class of 1880. He then began practice at Williamstown in the spring of 1880. Four years later he married Alice Leah Bodine of Williamstown, N. J., and continued the practice of his profession at Williamstown until his death.

To both young and old, he typifies the highest conception of the family physician. Skilful and accomplished in his chosen profession, possessing alert and well trained faculties, a personality that was genial and sympathetic, temperamentally tactful and diplomatic, he

soon acquired an enviable reputation as a physician and consultant, and found a deep and abiding place of trust and honor in the life of the community which he served with distinguished honor.

Dr. Halsey was a natural politician at heart, everything political appealed to him strongly. A life-long Republican, he soon became chairman of the Republican Committee of Monroe Township, and continued his active interest in politics, local and federal until failing health cut short his activities.

As chairman of the Committee on Legislation of the Medical Society of New Jersey for many years, he was a powerful and influential factor in stopping a flood of legislation hostile to the best interests of the profession. This committee composed of Dr. Henry H. Davis, Camden, N. J.; Dr. William Ridgway, Atlantic City; Dr. John W. Bennett, Long Branch, N. J.; Dr. Wm. G. Schauffler, Lakewood, N. J.; Dr. John J. Bauman, Jersey City, N. J., with Dr. L. M. Halsey as chairman, was one of the best and most active in its day and generation that the State Society ever had. It was a matter of personal pride with Dr. Halsey, that during the period that this committee served the State Society, not a single legislative bill inimical to the interests of the medical profession was passed at Trenton.

Dr. Halsey also served upon the Board of Managers of the State Hospital of Trenton, part of the time as its president. Many of the changes brought about in the management and treatment of the patients of this institution are directly due to policies instigated and established by Dr. Halsey during his membership upon the board.

His life-long interest in questions of physiological chemistry, found its fruition in the establishment of the Laboratory of Dietetic Research of the Jefferson Medical College, the endowment fund for which was largely secured through his individual effort and energy.

For nine years he served as a member of the House of Delegates of the A. M. A., bringing to the State Society recognition in many directions. He was also an ex-president, and oldest living member of the Gloucester County Medical Society. In January, 1892, he with Dr. G. E. Reading of Woodbury, N. J., practically revived and reorganized the Gloucester County Society, which had passed a long period of its history in a moribund condition.

For a number of years he served as a member of the Board of Directors of the National Bank of Williamstown, part of the time as president of the board.

In religion he was a member of the Episcopal Church, as were his parents before him.

He was also a member of the local Board of Education, a member of the New Jersey Society of Cincinnati, and a member of the Society of the Sons of Revolution of New Jersey, beside being prominent in the Masonic circles of his community and State.

He served as president of the Medical Society of New Jersey in 1899, and has continued as a Fellow an unabated interest in all that goes to make for the welfare of the profession in general and the society in particular.

His was the "Life of Service," many sided, touching and influencing all with whom he came in contact, with that broad sympathy, the fruitage of those long years spent assuaging pain and suffering in others. A busy life has closed, but his memory will ever remain with us, for as Cole tells us: "The good life is the life that reaches out, that fulfills itself, in ministration to other lives. The life that counts is the life that serves; the life that counts most is the life that serves most." Of Dr. Halsey's life we can truthfully say, "It was a life of service."

His funeral took place from his late residence in Williamstown. The interment was in the family plot in the local cemetery.

Personal Notes.

Dr. James S. Brown, Montclair, recently returned from a sojourn of several weeks in the South.

Dr. J. Willard Farrow, Dover, was recently elected a trustee of the Dover Elks' organization for a three-year term.

Dr. G. Howard MacFadden, Hackensack, received the degree of F.A.C.P. at the recent meeting of the Congress on Internal Medicine, at Baltimore.

Dr. Wilbur P. Rickert, Millville, and wife spent a few days in Harrisburg, Pa., last month.

Dr. Clarence L. Vreeland, Pompton Lakes, recently discharged as a major in the medical corps, was presented with a medal by Federal Rock Council, O. U. A. M., last month. He gave a talk on the war at Christ Episcopal Church that evening.

Dr. A. Clark Hunt, Metuchen, was recently appointed a member of the board of examiners of health officers and sanitary inspectors.

Dr. Emma C. Clark, Dover, medical inspector of schools, recently addressed the mothers of the Northside Home and School Association.

Dr. Elias M. Duffield, Glassboro, had his automobile badly damaged recently by coming in contact with a truck. He and his wife, however, escaped serious harm.

Dr. Francis E. Knowles, South Orange, and wife spent a few days at Atlantic City recently.

Dr. Harry E. Lore, Cedarville, recently underwent an operation in the Bridgeton Hospital.

Dr. Charles M. Williams, Washington, has been elected a member of the official board of the Washington Methodist Episcopal Church.

Dr. Norton L. Wilson, Elizabeth, spent a few days in St. Louis last month.

Public Health Items.

Gloucester reported 27 cases of contagious diseases in February; 2 of scarlet fever, 8 of diphtheria, 5 of pneumonia. Seven houses were quarantined.

Franklin Borough—The register of the Board of Health in his report for the year 1920 shows 146 births, 62 deaths, communicable diseases, measles, 32; influenza, 13; pneumonia, 23; diphtheria, 9; typhoid fever, 1.

Newark Health Report.

The monthly Bulletin of the Department of Health, Newark, gives the following vital statistics for the month of January:

Total deaths, 468, as against 616 for January, 1920. Among the causes of death are: Tuberculosis, 36 cases; cancer, 37; apoplexy, 30; organic heart disease, 41; pneumonia, 59; Bright's disease and nephritis, 47; diphtheria, 6 cases.

Supervised mothers delivered during January, 64; living births, 61; babies who died under one month, 3. City Dispensary: Patients treated, 3,524; sent to hospitals, 115.

Preventive Health Work.—Child hygiene work is being carried on extensively in all parts of New Jersey under the supervision of the state department of health. In 1920, seventy-nine child hygiene nurses made 105,437 visits to approximately 12,000 babies and 2,000 expectant mothers, exercising at the same time supervision over the children of preschool age, detecting and having corrected many defects and deformities. The nurses in their visits have discovered 214 late reported births and 282 unreported births, thus materially helping complete birth registration. Two hundred and eighty-five cases of bad housing and insanitary conditions were discovered and reported by the nurses to the proper authorities. They have also helped in the checking of contagious diseases having reported 279 cases discovered in their home visits. Special efforts have been taken toward the prevention of blindness by taking eye smears in suspicious cases. This work has been made possible by an appropriation of \$150,000 for child hygiene activities, the largest amount appropriated by any State in the Union.

Marriage of Syphilitics.—This is the long report of a commission appointed by the Societe francaise de Dermatologie et de Syphiligraphie to decide the date when consent can be given for the marriage of a syphilitic. The final summary states, "Our conclusions are only provisional as the subject, like many others in biology and especially in medicine, cannot be considered from the standpoint of pure science. We have no certain criterion of the cure of syphilis. However, we have not the right to prevent syphilitics from marrying. If we are too severe, they will lose the habit of consulting us. Our part, and it is a fine one, is to enable syphilitics by systematic treatment and medical discussion of their clinical and biologic balance-sheet to fill a normal role in the family and society."

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SOME POINTS IN THE EARLY DIAGNOSIS OF CLINICAL TUBERCULOSIS.*

By Berthold S. Pollak, M.D., F.A.C.S.,

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Secaucus, N. J.

The trend of modern medicine is along PREVENTIVE LINES. This subject is admirably presented to us in a recent essay on the "Future of Medicine" by Sir James Mackenzie, who retired from active practice to devote the balance of his life to the study of early manifestation of disease.

In no branch of medicine is such study more requisite than the subject that we desire to bring to your attention. Early manifestations of tuberculous disease are daily observed by the general practitioner and the phthisiologist and sociologist depend entirely upon the clinical acumen of the medical profession. Without their co-operation, the present measures introduced to combat the spread of the disease, will be of no avail, or at least the results of all efforts in that direction will be minimum.

Tonight, we desire to bring up for discussion some of the important points in the diagnosis of early clinical tuberculosis. As we have already suggested, upon the early recognition, of tuberculous infection and disease, depends the whole programme, including the eventual cure of tuberculosis.

Accepting the assumption of general tuberculous infection, we are confronted first, with a challenge to prove that such infection can scientifically be corroborated. If we interpret the tuberculin

tests properly, we have the basis of our understanding of the problem and with it we have the instrumentality whereby we may definitely determine this essential fact, that the person who responds positively to this test, has, at one time or another, been infected with the tubercle bacillus. Right here, it might be well to make this comment that, inasmuch as tuberculous infection is practically universal, that this test does not help in a PROGNOSTIC WAY. We find in our experience, that too many men depend upon this test for diagnostic purposes, in so far as actual disease is concerned; this is an error. Such a test can only be considered in this manner during infancy and early childhood, when a positive reaction is not only indicative of infection but like wise heralds a serious disease. Having established the fact that tubercle is ever present, it is our function next to determine the causes which stimulate a quiescent and anatomic tubercle into clinical disease. If most of us harbor the tubercle bacillus, and very few are ill with tuberculosis, it is apparent that tuberculous disease is not caused so much by the infecting germ as by other factors, not necessarily familiar to us there are but few upon which we could establish some positive scientific data.

Our clinical experience teaches us that much of manifest tuberculous disease is attributable to non-specific bodily affects that are brought about by what we may term strain, such as pregnancy and labor, intercurrent disease, sudden intense or prolonged physical effort, emotion, such as anger or worry and abnormal habits or dissipation. The remedy for such causes is self-apparent. Some of these require more or less consideration.

The tuberculosis problem is so intimately interwoven with general public

*Read before the Hudson County Medical Society, October 5, 1920.

health that their separation is impossible and one or another infectious disease may convert a latent into an open case of tuberculous disease.

Permit us, at this time, to consider briefly, one of the most important acute diseases responsible for active clinical tuberculous disease, to substantiate this contention.

It is a common observation, for instance, that tuberculosis is a frequent sequel to measles and whooping cough. How much are we doing to prevent measles? What do we know about its cause? How much do we do to restrict the disease? These are questions that might properly be asked of us. Yet we know that measles is accompanied by marked alteration and with the production of many minute lesions in the mucous membranes of the respiratory tract; through these breaks in continuity the tubercle bacilli may find their way more easily into the body. The tuberculous process develops so quickly after measles that it is hardly possible to suppose that infection with tubercle bacilli had not preceded the acute attack of measles. We have seen many cases where the tuberculin test, applied to children, has been positive and when such children became ill with measles, said reaction disappeared both during the attack and for some time after the attack.

Positive reaction to a tuberculin test means that the body cells have been sensitized and are pouring out secretions to counteract the multiplication of tubercle bacilli in the body, hence, when measles attacks the tuberculous, the secretions which usually respond to the tuberculin test in the scarified area, fail to make their appearance, or they lose for the time being their specificity, in other words, the intruding enemy of an acute type has diluted the efficiency and has deprived the body cells of its protection. This seems an established scientific fact, hence, it must be apparent that we have failed to recognize THE IMPORTANCE THAT MEASLES AND OTHER ACUTE INFECTIOUS DISEASES play in the drama of converting tuberculous infection into tuberculous disease.

Our particular object for directing your attention to this rather important method of converting inactive into active lesions is brought about by an analysis of a study of a group of over 1,500 children, made during the last three years in our

clinic service. These children were from the homes of the tuberculous and none of them, to our best available information, had ever been tested with the von Pirquet test. While it is true that but 67.8 per cent. of these cases responded positively, to the von Pirquet test, 5.8 per cent. of these children demonstrated active clinical disease. We contend that a knowledge of the existing infection in the cases above referred to would have prevented the occurrence of actual disease in many of the cases.

Apparently, there are many misconceptions regarding the early diagnosis of tuberculosis. These have been brought about because of our faulty conception of the disease. Tuberculosis is primarily a disease of the lymphatics, the time of infection occurring in childhood; for, no matter how bacilli gain entrance into the human economy, they pass into the lymphatic channels and are finally deposited in the lymphatic gland principally those of the media stinum. This is really the incipient stage of tuberculosis. Yet, in view of our present premises, the problem of the day is detecting disease in what might be termed the second stage of its development, such as, for example, may be applied to the stage of increased activity in lymph glands, or of the extension to new tissue.

It will be well for us remember that much of the clinical tuberculosis existing today, is an extension from anatomical tuberculosis. Therefore, if we desire to understand early diagnosis, it is necessary to study infection, to know when it takes place and to be able to interpret what has taken place when it occurs. Thus, it may be inferred that the diagnosis of early clinical tuberculosis considers two distinct phases: First, the time when disease invades the lung tissues and secondly, the diagnosis of disease, due to a renewed activity of a previously existing focus. This diagnosis cannot be based upon any particular method of procedure, as the pathology of the various cases varies, so do the symptoms and physical signs. Patients suffering from early clinical tuberculosis manifest, very frequently, but few of the symptoms which usually accompany the disease and disappear entirely, at times, thus giving the patient the idea that they have recovered. The diagnosis of early clinical disease requires time for examination, ingenuity in obtaining the proper data

and discernment in the proper valuation of the data obtained. FAMILY HISTORY is important ONLY when we ascertain that the case in question was exposed to infection during infancy or early childhood. The more important factor being the knowledge of the intimate and prolonged association between the one affected and the patient under examination. Of course it stands to reason, by such exposure to infection, we have in mind the patient affected with pulmonary tuberculosis of the advanced and destructive stage. In obtaining our clinical history, we must disabuse our minds that clinical tuberculosis is present only in the flat chested and remember that frequently the robust athletic figure will demonstrate signs of disease.

Our experience leads us to the opinion that in the examination of patients, we very frequently meet those who are suffering from a renewed activity; let us remember, therefore, that a tuberculosis cure, as generally accepted, is a cure of symptoms and an arrest of a tuberculous process.

It is entirely probable that a complete obliteration of the offending lesion, or a complete sterilization of the infected tissues never occurs, hence it is important to ascertain the existence in previous years, of similar symptoms. Careful questioning will frequently bring affirmative replies. Pleurisy, tuberculous bronchitis or spitting of blood and fistula are not uncommon in the previous history which precedes the present attack for a greater or longer period and are designated with almost every term known in the nomenclature of medicine, notably: gastritis, influenza, grippe, anaemia, malaria, etc. It might not be deemed conceivable that patients would, repeatedly, give such histories and yet we find it the rule, rather than the exception. Slow recovery from other diseases should always put us on our guard. Doubtful conditions will be cleared by tuberculin test. Previously existing tuberculous conditions, occurring in other parts of the human body, ought not to bias our opinion. We find it of advantage to ascertain the time when the patient under consideration, was perfectly well. We have seen hundreds and hundreds of instances of patients presenting themselves only when caseation and cavitation had occurred. Some patients are

unable to give a previous history and present themselves only when severe symptoms sound the danger knell. As symptoms occur without warning, the sudden explosive type of tuberculosis is often overlooked. In adopting the usual classification of disease, we are apt to be misled, inasmuch as the academic classification of the incipient stage of pulmonary tuberculosis would preclude the possibility of this type of disease. As this type of case usually develops without nervous, gastric or any one of the characteristic signs, it is very often overlooked and commonly diagnosed as typhoid and its lung manifestation, as pneumonia. The symptomatology of tuberculosis, of necessity, is varied and is an expression of the disturbance of tissues and organs. These may be divided into three general groups: those due to toxemia, as for instance, malaise, tired feeling, loss of strength, digestive disturbance, loss of weight, increased pulse rate, temperature, night sweats; secondly, symptoms due to reflex causes such as cough, hoarseness, tickling in the larynx, flushing of the face and chest and shoulder pains; thirdly, symptoms due to tuberculous process per se, such as frequent and protracted colds, spitting of blood, pleurisy, sputum and temperature.

We wish, particularly, to call your attention to the gastro intestinal symptoms as these seem to be more often the cause of incorrect interpretation than any other. These manifest themselves in early clinical tuberculosis as a general inhibition of action in all the functions of the alimentary canal. They are most always present and indicate themselves by poor appetite, or entire loss of same; at times there may be little or no gastric disturbance. When toxemia is present, we find a coated tongue, which is increased when the condition is very acute. In natural sequence, we find loss of weight, which follows loss of appetite and in early tuberculosis, this loss of weight may not be significant, but must be borne in mind. A careful observation of the temperature curve is of the greatest importance. As a matter of fact, the temperature, when taken into consideration with physical signs, plays the most important role in the diagnosis and treatment of tuberculosis. We pray you to bear in mind that we are discussing the diagnosis of early clinical tuberculosis and not the study of advanced tuberculosis. In this discus-

sion, therefore, we are endeavoring to eliminate bacteriological findings and laboratory affirmations. The presence of characteristic temperature curves, together with suggestive histories, warrants the diagnosis of tuberculosis, particularly, when clinical tuberculin tests substantiate our thermo-metric readings. To deviate for a moment, the thermometer plays an all-important part and should always be used per rectum. The early morning temperature, when sub-normal, is perhaps, as important a landmark as is the rise in the afternoon temperature. In this connection we want to consider the pulse; if the same be accelerated and associated with the rise in temperature, we generally include it as a link in our chain of symptomatology. Phthisiologists usually contend that inasmuch as tuberculosis causes toxemia, the pulse, of necessity is accelerated and while this is true, we must nevertheless, bear in mind that in early tuberculosis, where there is no destruction of tissue and no absorption of toxic material, the pulse rate may be quickened by reflex action, thus, if the irritation subsides, the pulse rate will likewise diminish.

Prominent among the symptoms due to reflex origin, in many instances, is hoarseness, which is one of the earliest symptoms, careful notice of the patient's voice will reveal this more often than early disease would indicate. Of course we find it is a common complication of advanced pulmonary disease and in that event, usually indicative of unfavorable prognosis. We refer to this topic particularly, because we have often found that where laryngeal symptoms were present, pulmonic conditions were overlooked and vice versa, when pulmonary conditions predominate, examination of the throat is repeatedly forgotten.

In passing, we desire to note the frequent disturbance in heart action, probably due, occasionally to toxemia, but more often to reflexes, both of the vagus and perhaps the sympathetics. Chest pains present two characteristics, which are probably due to sensory disturbances of the third to fourth cervical and third to the fifth thoracic zones, as shown by Head, accounting for the pain over the apices of the lungs and the other is a definite neuritis, effecting the cervical nerves or intercostal nerves which extend from an inflamed pleura. Of the symptoms due to the tuberculous pro-

cess itself, we desire to emphasize that the spitting of blood is practically entirely caused by tuberculous process. We are not unmindful of bleeding gums, of varices and, occasionally, of the presence of blood in certain types of bronchitis or the spitting of blood connected with certain cardiac conditions; yet we are in accord with Lord, whose admirable collection of statistics maintain that in a great majority of instances, blood expectorated in this manner, is due to **tuberculous disease**. It is not an uncommon occurrence, which, of course we all have met, that hemoptysis is the first indication of a tuberculous process. Pleurisy when present, has a definite meaning; it is usually indicative of active tuberculosis and ought to be associated with tuberculous disease. Only too often, we find that we are depending upon the sputum analysis for a diagnosis. It is evident that we should not anticipate the presence of the tubercle bacilli in the sputum of early tuberculous disease. As a matter of fact, we contend that their presence in the sputum suggests breaking down of tissue which ought to predicate advanced conditions. Sputum is not always present and we have known cases, in our own experience, where the absence of cough has led us astray in our diagnosis in spite of the fact that symptomatology and physical signs were present. Hence we would plead for an early diagnosis. Literature is full of hundreds of instances of cases whose diagnosis was not determined until the bacteriologist had made the diagnosis. The value of physical signs in the diagnosis of early tuberculosis is most important and the films which will be presented to you will convey these lessons in a much more impressive manner than my humble words could accomplish. We desire to state that we recognize the serious responsibility which a physician assumes upon making a diagnosis of tuberculous disease and the psychic effect which such announcement has upon the patient, yet the path, though not an easy one to travel, is obvious. Truth must prevail; the future of the patient, the progress of our control of the disease, and its ultimate eradication, depend upon our verdict. Let it always be in consonance with our findings.

In closing, it might be apropos to suggest that thus far our facilities for study of clinical tuberculosis have been inade-

quate. Let us, with a better understanding of infection promulgate new ideas—let us open our hospitals to the tuberculous and give the young men an opportunity to study the disease. Let us avail ourselves of the opportunities which the large clinical material now offers and we will all become more proficient in the **Early Diagnosis of Clinical Tuberculosis.**

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CONGENITAL PYLORIC STENOSIS.*

By **Max Danzis, M.D., F.A.C.S.,**

Newark, N. J.

This rather peculiar condition in infants has occupied the attention of our foremost pediatricians and surgeons during the last thirty years, and opinions as regards both its etiology and mode of treatment still vary somewhat.

Some of the earlier writers believed that stomach irritants act as an exciting cause, one theory being advanced that the condition originated in intrauterine life and was due to the injection of liquor amnii causing a hyperacidity of the stomach and pylorus with thickening of the pyloric ring: (1) Ballantine in his antenatal pathology is of the opinion that the morbid condition exists during the foetal life and the symptoms appear only then, when the gastro-intestinal tract begins to assume its functioning activity.

Two main theories are at present advanced. Some believe that the hypertrophy is congenital in origin, pylorospasm developing as a result of it and simultaneously appearing clinical symptoms; others believe that pylorospasm is the primary cause, brought about either by a local or reflex condition, then followed by hypertrophy of the circular fibres of the pyloric muscle—merely an attempt of nature to overcome an obstruction.

(2) L. Emmet Holt, who has observed a great many cases in the early weeks of the disease and followed them to operation, is of the opinion that congenital hy-

per trophy is the essential lesion in all, spasm being a secondary condition only. He believes that a division of cases into the spasmodic and hypertrophic types is not admissible. This opinion is borne out by the following facts. In a number of autopsies performed upon children who were operated for pyloric stenosis by the gastro-enterostomy method or who recovered without operation and died 6 or 8 months later from other diseases, the tumor was still present; in one case in particular the mass was still hard and the pylorus impervious.

(3) Alfred A. Strauss of Chicago attempted to produce this condition experimentally in animals by causing an increased peristalsis of the stomach by means of an electric current passed through the pneumogastric nerve without any resultant tumor formation. Dent found the hypertrophy present in a seven-month old foetus.

According to Osler the first case of pyloric stenosis reported in America with positive post-mortem findings was that of Beardsley in the transactions of the New Haven Medical Society in 1788, a few additional cases were reported a half century later, but to Hirshprung belongs the credit of calling the attention of the medical profession to the frequency of this condition through a scientific report of two such cases presented before the German Pediatric Society in 1887. This stimulated others to further observation and our modern conception of this disease is principally due to him.

It is hardly necessary to enter into a discussion of the various details concerning the clinical course, symptomatology and medical treatment of this disease as the writer feels confident that these phases will be more ably and enthusiastically discussed by the members of this society, who by reason of their special training and experience are more competent to do so. We shall, therefore, confine ourselves to a discussion of the present surgical aspect of the disease, and its transitory stages during the last two decades.

In 1890 the question of operation for the relief of pyloric stenosis in young children was hardly thought of, for aside from the shock of so radical a measure the possibility of any gain by surgical interference was considered exceedingly slight. About ten years later surgeons began to make attempts to treat this

*Read before the State Pediatric Society at Spring Lake, N. J., June 14, 1920.

condition, but owing to the lack of definite anatomical knowledge and the exact nature of this disease, pediatricians and physicians in general raised strenuous objections against surgical procedure.

The first operation recorded was performed by Cordua in 1893, followed by Stern in 1897; a gastro-enterostomy was done in each case but the patients did not survive the operation; similar fate awaited more than a dozen others who have undergone the same operation. The condition was still looked upon as of rare occurrence; in 1898 it was considered a rapidly fatal disease, medical treatment offering very little help in severe cases and surgery still less, the infant usually dying from inanition in a few weeks.

In the British Medical Journal April 28, 1898, less than fifty such cases were reported with very few recoveries, 6 of these were operated, with only one cure, giving a mortality of 84%. Operations in vogue at that time were pyloroplasty, divulsion and even pylorectomy.

Within the next decade the number of cases of congenital pyloric stenosis was reported with more frequency and its surgical relief began to assume a more hopeful aspect. This fact is borne out by the statement of Prof. George Still of Kings College, London, who in 1909 held the view that what was formerly regarded as an incurable disease and inevitably fatal was now in some cases amenable to surgical treatment. After 1900 there was a slow but steady increase in the number of patients operated upon, though according to Holt only 39 operations with 17 recoveries were reported up to 1904 and the mortality rate from operations performed in 135 cases up to 1908 was fifty per cent. These reports were not very encouraging, the prospect of obtaining surgical relief in a given case was not promising, and this led a great many pediatricians to take the position that surgery should be very seldom resorted to, that the vast majority of cases should and could be cured by medical means.

Within the next few years American surgeons through a wider experience and improved operative technique were able to obtain much better results; this was particularly true of Downes, Richter and Scudder, who reported a series of cases operated by the gastro-enterostomy method with a much higher percentage

of recoveries, but the general mortality was still high and the trend of the profession was toward the medical plan of treatment, particularly when it was advocated by some of the highest authorities in pediatrics. No less eminent a man than the late Dr. Abram Jacobi in 1907 advocated correction of dietary errors as a means of curing this condition.

At the present time with a better understanding of the pathology of the condition, with perfected methods of diagnosis and with a surgical procedure much simpler in technique and less shocking in nature, the profession in general is inclined to look upon operative measures as the only method of obtaining relief in most instances. Some of our foremost pediatricians are in favor of immediate operation once the diagnosis is established and even the most conservative feel that if a few days of watchful observation with proper feeding and gastric lavage fail to bring about the desired effect operation should be resorted to without any further delay.

The operation that seems to give the best results at present and is generally being adopted by most surgeons is known as the muscle splitting operation or extra mucous pyloroplasty. To Rammstedt of Munster, who reported the first successful case in 1913, belongs the credit of bringing this new and simplified surgical operation to the attention of the pediatrician and surgeon. William A. Downes calls attention to the fact that Fredet, a French surgeon, deserves credit for priority in the use of the essential features of this operation. In 1912 Rammstedt called attention to the advantages of this procedure, but advised omission of the transverse suture leaving the pyloric wound gaping. He therefore believes that this operation should be styled Fredet-Rammstedt.

This method found its strong advocates in Dr. L. Emmet Holt and the surgeons of the Babies' Hospital, New York City, particularly Dr. William A. Downes, who after 1914 adopted it as the routine operation in all cases, and has since contributed most valuable scientific surgical data upon the subject. The advantages of this operation over the gastro-enterostomy method can be readily seen by comparing the mortality of the two. In a series of 51 cases reported in 1917 by Dr. Emmet Holt, in which gastro-jejuno-stomy was done, the mortality rate was

51%, while in the first series of 66 cases operated by the Rammstedt method the mortality rate was 24%.

Most valuable statistics showing the relative merits of this operation were those contributed by Dr. William A. Downes in 1916. He reports a series of 66 cases observed and operated by him during a period of 5½ years, a distinct pyloric tumor was present in all cases with the exception of one. Of the 66 infants included in this report 31 were operated by the gastro-jejunostomy method and in 35 the Fredet-Rammstedt operation was performed; in 19 of the cases done by the latter method the operation was somewhat modified by passing a sound through a small incision made in the stomach wall, some distance away from the pylorus, after the muscle had been divided. He soon found, however, that simple division of the muscle fibres gave just as good, if not better results. This modification was soon discarded and the original method strictly followed.

Of the 31 cases where gastro-jejunostomy was performed 11 died, giving a mortality of 35%. Of the 35 Rammstedt operations 8 death occurred soon after operation, giving a mortality of 23%, and two dying subsequently from other causes. The 25 cases remaining alive were kept under close observation for a considerable period of time subsequent to operation, and their condition was good. They all gained in weight rapidly and in no case did the symptoms return. Roentgenological examinations were made in a few cases between a period of 6 to 18 months after operation, and the stomachs were found to have the same appearance as those of normal babies. The emptying power however was a little slower than in these cases done by the gastro-jejunostomy method.

Kerely reports a series of 26 cases operated by the Rammstedt method, the after treatment being that evolved by Holt and Downes. The vomiting in all cases was projectile; the usual retention of food and presence of scanty urine and stools were noted. Every case showed peristaltic waves. Twenty-five had palpable tumors. The mortality rate in his series was 14%. Richter, Scudder, Deaver and others, who have made a special study of gastro-enterostomy technique report almost equally as good results obtained by that method. On the other hand many others of equal eminence and

skill do not claim equal success. Most surgeons consider this operation an extremely shocking surgical procedure in infants.

The writer has recently been given the opportunity to operate on two cases of pyloric stenosis through the courtesy of Drs. Julius Levy and Royal Whitenack, as follows:

Case 1. Baby 5 weeks old, forceps delivery, breast fed. Showed no symptoms of digestive disturbance for the first 4 weeks. On the 5th week it began to vomit persistently and forcibly, could not retain sterile water. Urine was scanty, bowels constipated with occasional mucoid stool. The first physician consulted regarded it as an ordinary feeding case. It was then seen in consultation by Drs. Whitenack and Levy on the third day following the onset of symptoms, who made a clinical diagnosis of congenital pyloric stenosis, which was subsequently verified by the x-ray. Operation was advised.

On admission to the hospital on Sept. 10, 1919, the child was still well nourished, peristaltic waves were distinctly visible, tumor mass could not be palpated on account of abdominal distension but was distinctly felt when the child was placed under anesthesia for operation. The following is a brief description of the preoperative preparation, the technique of the operation and the post-operative course.

The child was deprived of feedings for 6 hours preceding the operation. Preliminary catheterization of the stomach to relieve the overdistention was done. The extremities and body of the child with the exception of the abdomen were wrapped in cotton batting held on by bandages. The arms were bandaged to the sides and the legs bandaged together. This conservation of body heat is of utmost importance. In addition the operating table was lined with hot water bags, covered with blankets, in which the patient lay. The skin was prepared by scrubbing with soap and water one hour before the operation and covered with a sterile towel. On the operating table the abdomen was swabbed with alcohol, no iodine was used. Ether was the anesthetic administered.

A right trans-rectus incision about 3 inches in length was made. In spite of the previous catheterization of the stomach there was considerable distension

with marked engorgement of the vessels. The tumor mass at the pylorus was easily palpated, grasped between the index finger and thumb and delivered. It was found to be the size of a hazel nut. It had a pale appearance and was almost of cartilaginous consistency. A longitudinal incision was then made into the tumor mass, beginning at the stomach end and continued throughout its length, being carried down to the mucosa. The separation of the tense fibres showed a plane of cleavage between the muscle and mucosa. Further separation and retraction of the fibres was caused by a pair of hemostats. The mucosa was then allowed to herniate. In spite of care exercised to avoid injury to the mucosa a slight opening was accidentally made at the duodenal end, due to the fact that we were overanxious to cut all the muscle fibres. This rent was closed with number 1 chromic gut suture and no further attempt was made to cover the mucosa. The abdomen was closed in layer sutures, dressings fastened with adhesive plaster and tightened with an abdominal binder. This is a necessary precaution to prevent separation of the wound that may occur as a result of marked distension.

Recovery from anesthesia took about one hour. There was a moderate degree of shock. No stimulation was necessary. The conservation of body heat was continued. There was no immediate post-operative vomiting. The after-care was left in charge of Dr. Levy. There was no rise of temperature at any time during the convalescence, and with the exception of some abdominal distension and several attacks of vomiting during the first week, the child made an uneventful recovery. At present the child is in perfect health, weighs 22 pounds and is free from any digestive disturbance.

Case 2. Child age 15 weeks, full term, breast fed, was admitted to the hospital Dec. 11, 1919, with the following history:

Child had no symptoms of gastric disturbance during the first 5 weeks, when it suddenly began to vomit, and manifested many of the symptoms of pyloric stenosis. At 8 weeks its weight was 8 lbs. 7 oz., and at 12 weeks it weighed only a little over 7 pounds. The persistent vomiting, constipation, scanty urine and loss of weight continued in spite of medical treatment. The feeding of thick cereals with the administration of atro-

pine gave no results. Due to the fact that the child showed some evidence of remission of symptoms on several occasions, the attending physician was inclined to look upon it as a case of pylorospasm. It was then seen in consultation by Dr. J. Levy two days before its admission to the hospital and operation was advised.

On admission the infant showed all evidences of extreme inanition and was considered a very poor surgical risk, operation was undertaken only after the mother insisted that something be done. Half hour preceding operation 100 c.c. of normal saline solution was administered by hypodermiclysis. The Rammstedt operation was performed under ether anesthesia. Time of operation 20 minutes; tumor was found, mucous membrane easily shelled out, very little handling of viscera. Child taken from operating room suffering from marked degree of shock, hypodermiclysis and stimulation failing to bring about any reaction, death occurring 6 hours after operation.

A comparison of the results obtained in these two cases operated by the same method illustrates the importance of early operation.

In experienced hands the time required to do a Rammstedt operation is less than half the time required to perform a gastro-jejunosomy. The operation is simpler, requires much less skill than the latter and, most important of all, the obstruction is permanently removed and the normal continuity of the alimentary canal is preserved, as has been definitely proven by rentgenological examination made 6-18 months after operation. Surgical relief of this condition is very often an emergency measure. The condition after all being of a rather infrequent occurrence, is very often unrecognized in its earlier manifestations, until the symptoms become very alarming. Operation in some cases is only decided upon after medical means to relieve the condition have been tried and failed. In many instances the child is brought to the hospital almost in a moribund condition and the surgeon who may be called upon to perform the operation may have had very little experience or opportunity to perfect himself in that highly specialized technique that is usually required in the performance of a successful gastro-enterostomy in infants. The Rammstedt

operation, however, can be performed by the average capable surgeon in as little time as is consistent with careful aseptic surgery and with a minimum of shock to the patient.

I am indebted to Dr. William A. Downes for sending me an advance copy of his latest paper read before the A. M. A. and which is still unpublished, containing a careful resume of 175 Rammstedt operations performed by him up to Jan., 1920. His total mortality is 17% including even those cases that died 4 weeks after operation, having apparently made a good operative recovery. In all those that were operated during the period of 4 weeks from date of onset of symptoms the mortality rate was 8%, again showing the great importance of early operation. He considers the presence of pyloric tumor as conclusive evidence of the disease and does not think it necessary to resort to x-ray in the average case. In 99% of his proved cases a correct diagnosis was arrived at by the other physical signs and symptoms only. He believes that medical treatment should not be extended over a period of ten days. Operation is indicated when the baby loses more than 20% of its body-weight during that time.

The most brilliant surgical results so far obtained are those reported by Alfred A. Strauss of Chicago. His method of operating differs from that of Fredet-Rammstedt only in that he utilizes a flap obtained by splitting one of the leaves of the tumor mass and stitching it over the bulging mucosa, reinforcing it by an omental graft. In the surgical clinics of Chicago Feb., 1920, he reports a series of 103 cases operated by his method with a mortality of a little over 2%. In no case was operation refused. Thirty-two of these cases were in a moribund condition at the time of operation. He lays great stress upon the value of fluoroscopic examination as a means of making an accurate diagnosis. Out of a total of 156 cases in which fluoroscopic and x-ray examinations were made, 101 were classified as surgical and so verified by operation; the remaining 55 classified as medical remained perfectly well without operation, thus proving the absolute exactness of the method. He considers tumor of secondary importance.

The question of surgical treatment of pyloric stenosis today is analagous to the discussion advanced years ago concern-

ing the appendicitis operation. Almost every medical paper discussed its technique, indication, etc. Operation, then, gave a high mortality. We know now that ultra conservatism of the medical attendant gave the high death rate. The same, but to a lesser degree, may be true of pyloric stenosis. As soon as the general practitioner becomes more familiar with the symptomatology, clinical course and proper mode of treatment, and the mothers are made to realize the dangerous results of unduly delayed operations, our surgical results will be just as brilliant as those of appendicitis.

1. An early diagnosis can be made in every case, if proper attention is paid to the history and physical finding, corroborated by x-ray, if necessary, and medical treatment should be tried in milder cases only, and if no improvement takes place within one week, operate.

2. The Fredet-Rammstedt operation restores the continuity of the gastro-intestinal tract, gives immediate relief of symptoms and affords a permanent cure.

CERTAIN ASPECTS OF THE TREATMENT OF HEART DISEASE.*

By Harvey M. Ewing, M.D.,
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The ultimate object of diagnosis is treatment, and only after a correct diagnosis has been made can one institute rational treatment. All other treatment is empiric.

Broadly speaking, three main possibilities present themselves in the diagnosis of heart disease:

1. A patient may present symptoms or signs which are referable to the heart and there be no heart disease present.

2. Valvular disease may be present with or without present myocardial involvement.

3. Myocardial disease may exist which may or may not be associated with valvular damage or impairment of the conduction system.

A valvular lesion alone does not interest us much for we are fundamentally concerned with functional ability and that depends upon the heart muscle and associated conduction system. Pathologic physiology and not pathologic

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anatomy is of most importance to our patients, and to us as physicians, since our chief business is to keep our patients in the game and at the highest possible efficiency.

A. It is hardly necessary to remind you that a murmur does not always indicate heart disease nor has it that significance in the vast majority of patients. Those of you who were familiar with the heart work in the army will recall the wearisome multitude of murmurs occurring in healthy young men in whom no evidence of heart disease could be found. So that a murmur does not call for treatment, it only demands investigation.

B. If an inflammatory process has occurred in a heart valve leaving it anatomically crippled but affecting the neighboring muscle little or to a degree, from which it has been able to recover and the functional capacity of the heart is normal for that individual, there is again no need for treatment. Diastolic murmurs usually mean real valve damage but they are fairly frequent in otherwise healthy, vigorous young men, who have been accustomed to average and sometimes more than average exertion, but who present no symptoms of cardiac insufficiency. They are functionally normal. Even these lesions do not, of themselves, call for active treatment, nor is it justifiable to make a partial invalid out of such a person. Of course this does mean that it would not be wise to clean up foci of infection in such a case, to regulate habits and to otherwise to prevent further damage to the heart.

C. Premature contractions, especially if of ventricular origin are of a spectacular nature and frequently send the patient to the doctor in fear and trembling, with the usual story that the heart skips beats, stops beating, pauses, and then with a thump goes back to beating again, and so on. They are impressive, and frequently the physician himself is impressed as he listens to the heart and, diagnosing some serious condition he confirms the patient's fears and reinforces them by cardiac treatment. Most patients with this irregularity do not need cardiac treatment, but ought to be assured of the unimportance of the phenomenon and sources of irritation and toxic absorption removed.

D. Another class of cases with cardiac symptoms not needing cardiac treatment

comprise a group of patients who are carrying about with them some infectious process, which indirectly affects cardiac function and heart symptoms predominate. One illustration will suffice here. A tall thin man was referred for heart examination because of shortness of breath, rapid heart action, and early fatigue on moderate exertion. No evidence of heart disease was found after careful clinical and laboratory examination, but a small area of active tuberculosis was found in one apex, which was arrested by appropriate treatment and the heart symptoms disappeared.

E. A considerable number of patients complain of cardiac pain and often this is the sole basis for treatment of the case as one of heart disease. A large number of these patients, especially younger individuals, I believe, do not have heart disease, but one must be careful in his investigations to be reasonably sure that he is not treating lightly a serious condition, nor on the other hand, fastening the dread of angina upon a patient needlessly. These five groups of cases comprise the most common conditions, which while they direct attention to the heart, and sometimes quite forcibly, yet do not require treatment directed to the heart itself.

But there are cases of real heart disease and many of them, with impairment of function, which do need treatment and I believe that you can include under three headings, the most important measures in their treatment.

They are: 1, rest; 2, exercise; 3, the use of digitalis.

The more one sees of disease the less is one inclined to look to drugs to cure and the more does one feel that simple measures and common sense are the most important factors in successful treatment. Thus, in the case of tuberculosis we have had a host of drugs tried and discarded, finally to find that rest was the most important factor in the care of these cases. So in renal disease and gastro-intestinal disorders, and so on. In these conditions we may use any one of a number of methods of treatment. Modification of diet, duodenal tube or what not, but they are all means of easing the load and giving nature an opportunity to repair the damage.

This same idea applies in a very certain way in the treatment of cardio-vascular disorders, for we are dealing with

a piece of apparatus which turns out an almost unbelievable amount of work continuously for some seventy-odd years, on the average, and in which is reflected every change in the whole of the rest of the body. If its chief component part, the heart, is damaged and the rest of the body continues its activities at the same level as before, you have presented a simple problem in mechanics, and the answer is, that that situation is impossible of continuation; the demand must be reduced.

The safest form of treatment and the one most universally applicable and beneficial in cardiac disease is, rest. It is indicated at some time in practically every case of cardiac disease with impaired function. Rest should be the first remedial measure thought of in assuming care of a cardiac case with symptoms of circulatory insufficiency. Rest in bed without a drop of medicine is often sufficient to turn the balance in the patient's favor and a striking improvement of symptoms frequently follows such treatment. Regard your case not so much from the anatomical as from the physiological aspect and approach each case as a distinct problem in physiology, aiming to establish a balance between the work which is demanded of the heart and its ability to do the work.

By starting treatment with rest, you begin with the minimum demand upon the heart, you are starting with the load at zero and that is simply common sense. Rest is sometimes only obtained in the fullest and necessary degree by the aid of drugs, such as the bromides, one of the many mild sedatives, or even an opium derivative. These are necessary where simply limiting the patient's physical activities does not suffice to restore the circulatory balance, and it is wrong to withhold them when discomfort, physical or mental prevents the attainment of complete rest. Adequate circulatory rest may be prevented by disease conditions elsewhere in the body, increasing the burden upon the heart, such for example as impaired kidney function, hypertension, chronic constipation, foci of toxic absorption and sometimes of nervous irritation. Do not forget that mental and nervous rest are very important.

Often one day a week in bed, an hour's rest morning or afternoon is all that is required to keep your patient well. In other cases the elimination of unnec-

essary stair climbing, going up stairs slowly and rest on the landings, being able to sit at work instead of standing, sometimes a change of occupation are sufficient to allow patients to maintain their circulatory equilibrium. In children, going to school five minutes late and being dismissed five minutes early, thus avoiding the excitement and strain of a crowd and being able to climb stairs at their own gait is of very great benefit. There are many degrees of rest.

But all these matters must be gone into in detail. It is not sufficient to simply tell your patient that he must take things easy, for when you use that common and familiar phrase, you honestly have no definite idea of what you mean yourself, and how much less clear conception must your patient have, who knows nothing of the diagnosis and treatment of cardiac disorders. It takes time and infinite patience and study, sometimes, to apply this method of treatment, but you will do more for your patients by its intelligent application than by much medicine. Moreover, you will be doing wrong if you give a patient some drug which does improve his symptoms and then allow him to continue at the same work that originally broke him down. Study your patient's habits, his home life, his business, every detail of his life and building your scheme of treatment upon this foundation you will be amply rewarded for your pains.

The use of exercise in the treatment of heart disease naturally merges with rest and invariably it must be considered, once circulatory balance has been established or the rest required may have been only relative and the question of increasing the patient's freedom arises. Much can be done here to strengthen the heart muscle by gradually increasing the demands put upon it just as the strength of the biceps is increased by intelligent use. Again is required attention to details. You must tell your patient just how much he may do and how much his exertion may be increased from time to time. The health resorts have paths of known grades and patients are given a certain amount of work to do by having them walk so far up a certain grade, gradually increasing the distance and the grade and so the amount of work done by the heart.

Resistance exercises are also used, patients making certain motions which are

resisted by an attendant. Massage is another means of obtaining exercise in a mild degree so also are salt rubs and baths of various sorts. These are all very well but because of financial considerations, are available to comparatively few. However, a sidewalk is available to every patient and constitutes sufficient apparatus with which to obtain very excellent results, while simple calisthenic exercises require only the willingness to perform them.

By outdoor walks of increasing length on the level, stopping short of producing shortness of breath, palpitation or undue tiredness, very gratifying results can be obtained. There are very few localities in this part of the country where a hill is not close enough at hand to furnish grades of various degrees when your patient has become proficient on the level. A surprising result which is often seen is a very definite reduction of blood pressure in cases of hypertension, after properly graded exercise. It is possible to estimate just how much work an individual can do. There are several methods, some depending upon the change in pulse rate and others upon the behavior of the blood pressure after a given amount of exercise. You will recall that the method used in the army was having a man hop on one foot one hundred times and observing whether or not the pulse returned to the pre-exercise rate within two minutes. Barringer has the subject swing a dumb-bell from the floor to arms length above his head a given number of times, immediately after which his blood pressure is taken every few seconds for about a minute and a half to two minutes. In a normal individual there is a quick rise in blood pressure and a fairly rapid drop, reaching the peak in less than sixty seconds. With a weakened myocardium there is a delayed rise and a slow fall.

These refined methods are not necessary as a rule for you can observe the effect of exercise upon your patient and he can tell you whether or not he is short of breath or has other symptoms following a certain amount of exertion and from this data you will be able to judge his capacity for work and to outline his future activities with a reasonable degree of accuracy. One who is very short of breath after very moderate exertion ought to be in bed. One who is moderately dyspnoeic may need a certain amount of rest and a certain amount of

exercise beginning with less than was required to cause his dyspnea and if less than this amount is not feasible he is not ready for exercise. One with a little shortness of breath will no doubt improve with proper regulation of his activities and one who is not dyspnoeic at all on a fair amount of exertion needs no immediate treatment. Lewis expresses it this way: "No person possessing a normal capacity for exercise has grave heart disease." Of course, like all generalizations this cannot be taken too literally, but in the vast majority of cases it is a safe guide. These two methods of treatment are obvious and simple but are often neglected in favor of some more complicated methods or are misapplied and some drug given with that fatalistic belief in the efficacy of medicine that not infrequently stands between the patient and health.

Digitalis has an important place in cardiac treatment and in some types of cases nothing can very well replace it. Much confusion seems to exist in the minds of the profession generally in regard to the use of digitalis but hardly a patient who has any symptoms whatever pointing to his heart has escaped taking this drug at sometime in his career. Again, one frequently hears it asked: "What is the use of attempting an accurate diagnosis of heart disease, for you either give digitalis or you do not give digitalis," as though digitalis therapy were the sum and substance of cardiac treatment. It is a most useful drug in the proper sort of case but there are times when it does no good and it may do harm or at least confuse the attending physician by its bizarre effects.

It is pre-eminently and most spectacularly effective in cases of auricular fibrillation and flutter. In fibrillation as you know, the auricles are beating extremely rapidly and irregularly and the ventricles are responding with beats of irregular force and rhythm, and consequently diminished efficiency. Digitalis produces a degree of auriculo-ventricular block, thus cutting off many of the impulses from above and allowing the ventricle to beat slowly and more regularly with resulting improvement in its pumping capacity. In flutter, digitalis first changes the rapid regular rhythm to an auricular fibrillation and then when the drug is stopped the heart resumes a regular rhythm. Myocardial cases are often helped a great deal by digitalis, but

more permanent benefits are to be gotten by the two methods discussed previously with digitalis as an aid.

Digitalis will not slow every rapid pulse nor will it correct every irregular cardiac rhythm. Premature contractions are often increased by digitalis and may be produced by the drug when not previously existent. The tachycardia of acute inflammatory processes is not slowed by the drug nor is that of hyperthyroidism nor that due to other toxic influences. A depression of conduction through the bundle of His may be increased by digitalis and partial heart block may be made more nearly complete with at least unpleasant effects upon the patient. In complete block the effect upon the myocardium is apt to be beneficial and its use is not contra-indicated.

Certain factors should be born in mind in using digitalis: 1. The individual susceptibility. 2. Absorbability of the preparation. 3. Rate of excretion. Two minims of the tincture per pound of body rate are required on the average to digitalize a subject and in severe cases that amount should be given in a short time, usually twenty-four hours. Half the calculated dose may be administered at once and the remainder in divided doses at intervals of six hours. In this way results are obtained promptly.

Absorbability of the preparation is at the bottom of much of the difficulty in the use of digitalis. Hatcher and Eggleston have found that in the digitalis leaf there is a chloroform soluble body and a chloroform insoluble body. The first of these is quickly and uniformly absorbed in man while the second is absorbed more slowly. The chloroform soluble body produces digitalis effects more promptly and is less apt to cause nausea than the chloroform insoluble body. The proportion of these substances varies in different leaves and hence the preparations of these leaves vary in clinical activity. So unless you are using the same leaf or a preparation made from the same leaf continuously your results will vary and your faith in digitalis may be shaken.

The rate of excretion averages about 22 minims per day in terms of the tincture and it is evident that unless you give more than this you are pouring a little bit of water through a large sieve. This excretory power varies, of course, and you must bear this variation in mind in giving digitalis but it is not reasonable to

give five drops twice or three times a day and expect to get digitalis effects, when the average patient will excrete about three times that amount in twenty-four hours. Another point to bear in mind is that a minim of tincture of digitalis represents about two drops.

Again, first make a diagnosis, know why you give digitalis and what you expect it to do. Why you prescribe rest or exercise or both and what effect you expect to produce. Let your treatment be the logical outcome of careful study and correct diagnosis and it will be more uniformly successful.

VALUE OF THE CHEMISTRY OF THE BLOOD IN DISEASE.*

By Ralph Gilady, M. D.,

Pathologist to the Hackensack Hospital.

The analyses of the blood are to-day of practical use and have passed the experimental stage, they are far more exact and result bearing than urine analyses.

The information from blood chemical analysis represents estimation of retained products of metabolism, it tells us what the blood is storing up, what the kidneys are doing and what they are not doing, also the exact status of nitrogenous and carbohydrate equilibrium.

Undue excretion of sugar in the urine is pathological, but how about the interpretation of this glycosuria? We know that the amount of sugar in the blood gives us a far better picture of carbohydrate metabolism than does the appearance of sugar in the urine. Sugar appears in the urine in diabetes mellitus purely as an over-flow proposition, whereas there may be an increased sugar retention in the blood before the kidneys permit it to leak through.

Thus an individual may have a hyperglycemia long before he has glycosuria. There may be the so-called prediabetic stage which only a blood analysis will reveal. Again there may be a case of low hyperglycemia and pronounced glycosuria with kidneys in individual cases readily permeable to sugar. Glycosuria in this case will give one no idea of the low grade of hyperglycemias.

In renal diabetes again there is no hyperglycemia aglycosuria possibly due to

*Read at the January meeting of the Associated Physicians of the Hackensack Hospital.

unusual permeability of the kidneys for the normal blood sugars, never a true hyperglycemia. How could we differentiate then between diabetes mellitus and renal diabetes, without a comparative blood and urine chemical analysis

Acidosis has lent itself to a remarkable study through chemical blood analysis. In acidosis it is not meant that the blood actually changes from its alkaline or neutral reaction. This is impossible for life cannot be sustained if an acid condition of the blood occurs. The neutrality of the blood depends upon the mixture of carbonic acid, carbonates and phosphates in the blood and these elements seem to remain at constant values even through the oxygenous source of alkaline or acid is increased or diminished. The physiology of the respiratory center helps explain the maintaining of this reaction, for when the amount of acid increases in the body, there is a quick stimulation of these centers with the result that more CO₂ is thrown out, and the acid condition of the blood is prevented from assuming larger proportions. When the acidity of the blood is threatened there is a quick call on the ammonia. It is only when the ammonia is used up that acidosis supervenes.

In the course of normal metabolism ammonia of the body is converted into urea and is eliminated as such but the superven-acidosis takes up some of this ammonia and keeps the blood alkaline. Acidosis may be recognized in various ways by an increase in the ammonia coefficient in the urine, decrease of CO₂ tension of the alveolar air, the finding of abnormal acids in the blood or urine and the increase in alali tolerance.

Among other conditions in which blood chemistry is of diagnostic are gout and rheumatism—the undue accumulation of uric acid in the blood may disclose an early form of gout, whereas in reumatism there is no such accumulation. The retention in the blood of urea, uric acid, and creatinine occurs in chronic interstitial nephritis, particularly when uremia is at hand, and the chemical examination of the blood may prove both diagnostic and prognostic.

Finally the relation of blood chemistry to surgery: operative risk is greatly judged by kidney function; operative functions in the presence of an overwhelming change in the organism caused by the operative attack. The methods

usually employed in surgical institutions to judge kidney function are the routine urinary analysis and the use of the PSP test for kidney efficiency. From what has gone before it seems rational to include in this survey of the patient a very complete blood chemical analysis. Possibly in no department of surgery are these tests so indicated as in connection with urological operative procedures upon the old men candidates for prostatectomy.

Remarkable lowering of the death rate has occurred from this operation since the institution of rational preparation of these bad risks for surgery have been carried out with free washing of the kidney for days prior to operation by copious drinking of water and diauretics and awaiting until renal and cardiac functions are within rational limits of health a side from the preliminary survey of these operative patients the surgeon may well utilize the methods of blood chemistry for the determination of the impending onset of acidosis in his post operative cases.

Much that is called acidosis is not acidosis at all and perhaps cases that are acidosis are never recognized. It is here that blood chemistry must come forward and settle this question. A rapid estimation of the combining power of the patients blood plasma by the Van Slyke method will speedily clear the picture so far as acidosis is concerned.

Clinical Reports.

Large Kidney Calculus.—A calculus weighing 3 pounds was found in a kidney pelvis by H. B. Mylvaganam in a case reported in the London Lancet, without manifesting any clinical sign or symptom in its early stage. On account of its rapid growth during the last six months the hardness of the tumor, absence of renal colic from the commencement, the presence of blood in the urine during the early stage, and rapid emaciation, the tumor was thought to be of malignant nature. The possibility of a renal calculus was never entertained.

Calculus in Vagina.—Dr. V. Winckler, in a Leipzig medical journal, reports a case in which a girl of 13 had suffered from nocturnal enuresis since her second year. Examination revealed a yellowish white, rough body protruding from the hymen, and a wedge-shaped calculus weighing 4 gm. was brought to light. It contained no foreign body. Its pathogenesis seems to have been connected with enuresis. Decomposition of urine entering the vagina through the central opening in the hymen doubtless caused the formation of the stone, in much the same manner as catarrh of the

urinary bladder may lead to production of calculi. After the removal of the stone, there was no further nocturnal enuresis. In every instance of enuresis careful search for the cause should be made, and we should not be satisfied with merely giving general advice on the subject.

Primary Gonorrheal Mastitis.—What is considered the first recorded case of primary gonorrheal mastitis with secondary genital infection is reported by W. H. F. Oxley and J. Dundas in the *British Med. Jour.* A married woman, seven months pregnant, suffered a contusion of the breast which became swollen and "burst" about six weeks after the injury. Examination disclosed a swelling the size and shape of a tea bun, of India rubber consistency, in the upper and outer quadrant of the breast. Thin pus was exuding from two sinuses separated by a thin bridge of tissue. A smear contained pus cells crowded with typical gram-negative diplococci, which were identified as gonococci. Questioning revealed the fact that the patient was suffering from an acute urethritis and vaginitis accompanied by a copious discharge containing pus cells packed with gonococci. The patient was positive that the genital inflammation followed the mammary involvement by a number of weeks. The husband of the woman denied ever having had gonorrhea, and presented no symptoms.

Neuritis of the Cranial Nerves in Encephalitis Lethargica.

Dr. M. T. Burrows at the meeting of the Washington Univ. Medical Society, St. Louis, said:

Aside from studies of the brain and spinal cord in encephalitis lethargica, little work has been done on the pathology of this disease. The pathological changes in the brain and spinal cord of this disease aside from their distribution are similar to those of infantile paralysis or acute poliomyelitis. A clear cut method of differentiating pathologically between these two diseases has not been established.

The material for this study has consisted of fifty complete autopsies on cases dead of acute poliomyelitis and two complete and one partial autopsy on cases dead of encephalitis lethargica. The general lymphoid hyperplasia so common to acute poliomyelitis was not found in the case of encephalitis lethargica. The sensory ganglia are involved in many cases of acute poliomyelitis. No neuritis was observed by us in any of the cases. Neuritis of the cranial nerves was found in each of the three cases of encephalitis lethargica. The three cases represented two types of this disease. One belongs to that type showing a general polyneuritis, while the other two showed chiefly cranial nerve and cerebral symptoms. Lethargy was present in each of them.

Neuritis of the cranial nerves has not been noted before in these cases. Its presence is interesting not only because cranial nerve neuritis is a rare condition, but also in that it gives a pathological basis of union between the cases of epidemic polyneuritis with those of true epidemic encephalitis and helps in differentiating this disease pathologically from acute poliomyelitis.

County Medical Societies' Reports

CUMBERLAND COUNTY.

Elton S. Corson, Reporter.

The April meeting of the Cumberland County Medical Society was held at the Commercial Hotel, Bridgeton, on the 1st, Dr. Charles E. Sharp, the president, in the chair.

The treasurer, Dr. W. L. Cornwell, reported a good balance in the treasury. Dr. E. S. Corson reported on the progress of the organization of the Professional Guild of Cumberland County, about thirty members have joined. Dr. Louis T. Kauffmann reported for the Committee on Public Health and Legislation. He had visited Trenton and was present at the hearing of the various bills affecting the medical and health interests of the State Senate Bill 149, placing the educational qualifications of all those practicing the healing art on the same basis was passed and signed by the Governor, he said.

A motion to hold the annual picnic was passed. The visitors present were Miss Ida Squarewood, superintendent of Bridgeton Hospital, Dr. W. P. Conway, district counselor, Mrs. R. M. A. Davis and David Green, from the Salem County Society.

Dr. T. J. Smith read a most interesting paper on "Reminiscences of Twenty-one Years as Medical Superintendent of Cumberland County Hospital for the Insane."

This was a classical paper. It reviewed the past history of the public attitude toward the insane and their treatment. At one time the insane were allowed to roam at large, and this was far better than confinement in what was then known as mad houses, the speaker said.

"Then it was the survival of the fittest; now it is rather an effort to make the fitness to survive. He classified the causes of insanity as avoidable and unavoidable, and expressed the hope that in but a few years the avoidable causes would be reduced to a minimum. He mentioned rushing children through school, certain diseases, modern business cares as prolific sources of producing insanity.

Dr. W. Leslie Cornwell read a paper on "The Treatment of Flat Foot." Mechanical supports afford temporary relief. Education in walking and correction of the shoes only effect a cure.

A vote of thanks was given Senator F. M. Reeves for his efforts to maintain the educational standards of the State affecting all those practicing the healing art.

The next place of meeting will be Vineland on July 5. Dr. Samuel B. English, of the State Sanatorium, Glen Gardner, will be one of the speakers.

HUDSON COUNTY.

Wm. Freile, M.D., F.A.C.S., Reporter.

The third regular meeting of the society was held at the Carteret Club, Jersey City, March 8th, 1921. Dr. P. J. Quigley, presiding.

Reports of Committees: Legislative Committee, reported in regard to Bill 245 in Assembly, and felt confident of a favorable vote. Mr. Garven promised five votes in Assembly. The second year pre-medical college course was

cut out of 149. Assembly Committee appointed to consider 149 Senate Bill and 245 Assembly Bill.

Public Health: Dr. G. K. Dickinson reporting; circulars were sent out and replies received from most of the members.

Bill for \$7.00 ordered paid to society for postage.

Proposals for membership: Drs. J. F. Londrigan of Hoboken, I. L. Gorden of Jersey City, F. C. Gray of Bayonne.

Dr. Urevitz presented two cases: 1. Chronic Torticollis cured by division of sterno-mastoid and application of plaster cast. 2. Haemorrhagic Asteomyelitis of humerus.

New members: Drs. Thos. F. Coughlin, Hoboken; P. A. D'Acernio, West Hoboken; E. G. Sheehan, Weehawken; J. J. O'Connor, West Hoboken; A. S. Schubora, Union Hill; S. L. Halperin, West Hoboken; L. C. Lange, West Hoboken; S. S. Schepp, Union Hill.

Paper of evening: "Some Medico-Legal Cases," by Dr. W. J. Arlitz of Hoboken, an extremely interesting and instructive paper. Discussed by Drs. G. K. Dickinson, Cosgrove, Miner, Woodruff, McLaughlin and Sweeney.

April Meeting.

The April meeting of the society was held at the Carteret Club, Jersey City, Dr. F. J. Quigley presiding.

Reports of committees: Legislative Committee, Dr. Pollak reported that the Senate Bill 149 was passed in both Senate and Assembly, and that the Governor had signed bill. Dr. Pollak said that he thought the energetic efforts of Dr. Quigley in arousing the enthusiasm of the Hudson County men, and especially those from North Hudson, Hoboken, Jersey City and Bayonne, was such as was never seen before and deserved a vote of thanks. A rising vote of thanks was forthwith given Dr. Quigley. Dr. Pollak further stated that much credit for the passage of bill 149 was due to Dr. Alexander, Assemblyman from Essex, and that the State was under lasting obligation to him. It was regularly moved and seconded that Dr. Alexander be sent a letter to that effect. Seconded and carried.

Membership Committee, Dr. Bortone reported progress.

Public Health Survey, Dr. Pollak reported progress.

Dr. Mooney moved that further business be postponed until after paper of evening. Seconded and carried.

Paper of evening. Dr. Frederick Finn of Jersey City, "Some Interesting X-ray Cases," was illustrated by lantern slides, covering practically every system. This was very interesting and instructive. Discussed by Drs. Broeser, Perlberg, Pollak, Maver.

Dr. Quigley expressed his thanks for aid of members in recent legislative struggle, especially Drs. Sexsmith, Spence, Piskorski, Gannon and Margaret Sullivan, and also those from North Hudson. He also wished to thank those members of the Legislature who voted in "favor of 149."

Dr. Cosgrove proposed the following resolution, which was regularly seconded and carried, after some opposition by Dr. Forman of Bayonne, Dr. Arlitz of Hoboken and Dr. Spence. "Whereas the present administration of Jersey City is about to come before the peo-

ple for their suffrage on its past record, and Whereas that record has been consistently enlightened in relation to the welfare legislation, and Whereas under this administration there has been consummated in Jersey City, the broadest and most modern organizations of public welfare agencies embodying the highest ideals of our profession; Therefore be it resolved that the Hudson County Medical Society publicly endorse the candidacies of the present Commissioners of Jersey City for reelection.

Regularly moved, seconded and carried that a per capita tax of \$1 per member be forwarded to the County Guild.

MIDDLESEX COUNTY.

Matthew F. Urbanski, M.D., Reporter.

A meeting of the Middlesex County Medical Society was held at the Perth Amboy City Hospital on Wednesday, May 20th, 1921. There was a large attendance. The minutes of the preceding meeting were read and approved. A communication from the Bureau of Venereal Disease Control, Trenton, N. J., was read, noting a conference on venereal disease to be held at Newark on May 11th and 12th. An outline known as "The plan of organization by the Welfare Committee of the County Medical Society and Professional Guild" was read and upon motion the secretary was instructed to forward the same to Dr. Howley, president of the Middlesex County Guild for action by that body. Dr. Fithian reported that the following members attended the public hearing at Trenton on Bill No. 149: Drs. English, Fithian, Urbanski, Henry, Howley, Hunt. There was no further business transacted at this time.

The scientific paper for the meeting was presented by Dr. Edgar A. Ill of Newark, N. J., entitled, "The Physics of Radium with Presentation and Demonstration of Patients." First the history and action of radium were outlined and then the methods of application were explained; an elaborate clinical demonstration was presented at the hospital. The following were the types of cases shown: Epitheliomas, endothelioma, carcinoma of tongue and tonsil, osteo-sarcoma of hip, malignancy of urethra; numerous gynecological cases having carcinomas of cervix and vaginal vault. Dr. Ill was ably assisted by Dr. T. W. Corwin of Newark, who outlined the treatment of a case of carcinoma of the larynx, and Dr. Orton, who demonstrated the treatment of malignancy of a vocal cord by suspending radium into the larynx. The society was much indebted to Dr. Ill and his assistants for the elaborate clinical demonstration and glad to acquaint itself with the results obtained in the new field of therapy. A vote of thanks was given Dr. Ill and his co-workers for their instructive clinic.

PASSAIC COUNTY.

Leon E. De Yoe, M.D., Secretary.

The April meeting of the Passaic County Medical Society was held on Tuesday the 14th. Dr. John S. Yates presided. Dr. W. W. Herrick addressed the society on the subject of "Cardio-Vascular Disease." He first spoke of the functional capacity of the myocardium and described the development of methods of measuring myocardial function. The first and

most elementary test was the exercise test, in which the patient's pulse was counted, and then taken again after exercise and finally two minutes later. The rate should return within ten points of normal in this period.

The next test was one devised by Barringer. The patient does a measured amount of work and the blood pressure is then studied. The number of feet pounds necessary to cause the rise is then estimated. This test is not a reliable one but is interesting in that it first included the factor of blood pressure in studying myocardial function. The next development is the test devised by Crampton, and is referred to as the blood ptosis test. Crampton found that a fall in blood pressure on standing indicated either a poor vaso-motor tone or a lax abdominal wall. This test also takes into account variations of blood pressure on standing and lying down.

The latest and best test of myocardial competence is that devised by Schneider. It takes into account six factors: 1, Reclining pulse rate; 2, standing pulse rate (immediately); 3, pulse rate after standing at ease 2 minutes; 4, pulse acceleration after a measured amount of exercise; 5, time required for pulse rate to return to the standing rate; 6, systolic blood pressure standing compared with reclining.

Each of these factors is given a value of three, making eighteen a perfect score. The average healthy rating is ten or twelve. A rating of eight is one which requires careful observation and study, and seven or less means myocardial insufficiency. Dr. Herrick states that this test was one that gave accurate results in the aviation corps of the army, and experience there proved it of great value.

Dr. Herrick then took up the action and uses of digitalis. He stated that the drug might cause slowing by central vagus action, or by diminishing the impulses from the sino-auricular node, or by slowing conduction from auricle to ventricle. It also increased contractility. These values are of the greatest value in a fibrillating heart. The result is a diuresis, increased diastole and an improvement in the coronary and general circulations. The speaker said the belief that digitalis should not be used in cases of arterial hypertension or in cases of anginal pain had not been substantiated by careful study.

He then mentioned briefly the methods of administering the drug:

1. The small dose method in which 20 to 40 grains of the powdered leaf or an equivalent of the tincture were given daily. From five days to a week are required for complete digitalization.

2. Large dose method. A dram of the tincture is given every four hours and the action is obtained in 48 hours.

3. Body weight method (Eggleston). 15 c.c. of the tincture per 100 pounds of body weight are given in 24 hours. Half of the total dose is given at once, half of the remainder six hours later, and half of this remainder in another six hours. The remainder is given six hours later. In using this method it is most important to know that digitalis has not been used during previous few days.

The speaker stated that electro-cardiographic study indicated that digitalis begins its action in two hours and is completely absorbed in

six hours. He emphasized the importance of using a standardized tincture and stated that there is no advantage obtained by the use of the more expensive proprietary preparations of the drug. In speaking of vascular hypertension, the following classification was made: 1, With nephritis; 2, in pregnancy; 3, endocrine; 4, due to intra-cranial pathology; 5, essential hypertension.

This last group was described by Dr. Herrick as the one in which a family history of hypertension was often present. The patient is plethoric, the urine is negative, pulse pressure is high and blood examination indicates no incapacity of kidney or at most an increased uric acid figure. In closing the speaker emphasized the importance of withholding protein from the case with essential hypertension. The ingestion of large amounts of carbohydrate and fat cause hyperglycemia and even a mild diabetes resulting in even greater hypertension. Giving protein to these patients sometimes results in a lower blood pressure.

Dr. Herrick was warmly applauded and a rising vote of thanks was extended to him for his splendid address.

Dr. A. J. McBride of the Welfare Committee stated that Senate Bill 149 had now become a law, and spoke of the future work outlined by the State Welfare Committee. His motion that letters be written to the legislators from this county thanking them for their defence of a high medical educational standard was carried.

The following resolution was unanimously adopted: Resolved that the members of the Passaic County Medical Society being deeply conscious of the splendid work done by the State Welfare Committee in guiding legislation for the public welfare and for the protection of the medical standards at the last session of the New Jersey Legislature, do hereby express their gratitude to those whose diligent and self-sacrificing labors contributed so much to the successful result obtained. We feel especially indebted to Dr. Wells P. Eagleton, the chairman of the State Committee, for his triumphant leadership, and to our representatives in the work, Dr. McBride, Dr. McCoy, Dr. Harris and Dr. Todd. Be it further resolved that this expression of our gratitude be included in the minutes of this meeting and be included also in the report of this meeting in the State Journal.

SOMERSET COUNTY.

Anderson Lawton, M. D., Reporter.

A regular meeting of the Somerset County Medical Society was held at the Court House April 14th, 3.30 P. M., with a great number of the society members present.

The interesting feature of the afternoon was an address given by Mr. D. S. South, representing the State Health Department, who gave an account of the statistical records of birth, death and marriage records. He gave a history of the New Jersey State Laws of twenty years ago, which particularly referred to marriage license. It seems that prior to 1912 New Jersey's laws were extremely lax. Many runaway marriages were consummated in this State. The cities of Camden and Hoboken alone recording approximately four hundred a month. The law was revised in 1912

and now requires seventy-two hours between the application and the consummation of the marriage. The revised law also provides for the restriction of marriages of drug addicts, alcoholics, epileptics, and makes it necessary for the applicants to swear that they are not afflicted with venereal diseases.

New Jersey has recently been admitted into the registration area for births, and is now one of the States having the lowest death rate of any in the Union. The birth certificate registration is extremely important for many reasons, principally in a legal manner, both in criminal and civil court as an evidence of an age for various purposes, such as: Enlistment, marriage, school age, employment and insurance claims, etc. Mr. South urged upon the members present the great necessity for maintaining the standard of efficiency in the State Health Department by recording these birth certificates quickly. A vote of thanks was extended by the society to Mr. South for his interesting talk.

The next meeting of the Somerset County Medical Society will be held at Skillman on June 9th, when there will be present members from two other county medical societies. Invitations to whom have been extended by the president, Dr. Renner. It is hoped that all of our active members will be present at this anticipated meeting.

UNION COUNTY.

Russell A. Shirrefs, M.D., Reporter.

The 200th regular meeting of the Union County Medical Society was held on the evening of April 13th at the Y. M. C. A. Building in Summit, N. J., and was attended by about fifty members.

A committee was appointed to present resolutions of thanks to Senator Runyon and Assemblymen Pierson and Warner for their stand in voting for Legislative Bill 149. Their highly commendable regard for the public welfare contrasted favorably with the attitude of Assemblyman Sidney Eldridge, whose obstinate and persistent espousal of the chiropractors' cause was the subject of much unfavorable comment.

Five proposals for membership were referred to the proper committee, to be reported on at the next meeting. A motion picture film entitled "The Modern Diagnosis and Treatment of Syphilis" was shown, and vividly illustrated the methods used in coping with this gigantic physical, social and economic problem. At the close of the meeting a repast was served.

Local Medical Societies.

Associated Physicians of Montclair and Vicinity.

Walter B. Mount, M.D., Reporter.

The regular monthly meeting was held on Tuesday evening, April 26th, 1921, at the Montclair Club. The essayist was Dr. Charles Gilmore Kerley of New York, attending physician, New York Nursery and Child's Hospital, and consulting physician, The Babies' Hospital of New York. His subject was "Faulty Development in Children; a Review of Case Histories," and was illustrated by a number of lantern slides, mostly x-ray plates of the digestive tract.

The paper was discussed by Dr. Louis Fischer of New York, attending physician, Willard Parker Hospital, and by Dr. Roger H. Dennett of New York, professor of pediatrics, New York Post-Graduate Medical School and Hospital. There was a large attendance.

The last meeting of the season will be held Monday evening, May 23rd, at the Montclair Club, Montclair. "X-Ray Aspects of Chronic Small Intestinal Obstruction" will be the subject of a paper by Dr. James T. Case of Battle Creek, Mich., surgeon and roentgenologist, Battle Creek Sanitarium, and professor of roentgenology, Northwestern University Medical School, Chicago, Ill. The discussion will be opened by Dr. Harry M. Imboden of New York, member of the American and the New York Roentgen Ray Societies, from the standpoint of the roentgenologist, and by Dr. Edward L. Kellogg of New York, professor of gastro-enterology, New York Polyclinic Medical School, from the standpoint of the surgeon. All physicians and dentists are invited to be present.

The annual meeting for the election of officers and other business will take place on Monday evening, May 17th. Following the business session there will be a social evening, with entertainment and a buffet supper.

Jersey City Practitioners' Club.

Dr. W. W. Maver reports: The two hundred and third regular meeting of the Jersey City Practitioners' Club was held at the Cateret Club on Tuesday evening, March 8, 1921.

President Donald Miner was in the chair, and 18 members were present.

After the regular business session, interesting cases were presented by Drs. Chambers, Woodruff, Dickinson, Spence, Steadman, Sexsmith, Von Deeston, Cosgrove, Quigley, Bowyer, Axford and Miner.

Dr. Woodruff was the essayist, and his subject was the "Prostate Gland." He described its development, structure and normal functions, and he innumrated the varied pathological lesions occurring in the organ. A beautiful collection of colored lantern slides were shown; which were shown illustrating different lesions found in the prostate gland, and concluded with a description of the different stages of a prostatectomy. His presentation of the subject was enjoyed by all, and brought forth an interesting discussion by Drs. Spence, Dickinson, Bortone and others.

Summit Medical Society.

William J. Lamson, M.D., Secretary.

The regular meeting of the Summit Medical Society was held at the Highland Club on Friday, April 29th, at 8.30 P. M., Dr. Baker entertaining and Dr. Prout, the president, in the chair.

Present: Drs. Alexander, Baker, Bensley, Bowles, Campbell, English, Keeney, Krauss, Lamson, Meeker, Moister, Morris, Pollard, Prout and Tidaback, and Drs. Jamison and Milligan of Summit and Dr. Krischbaum of Millburn as guests.

The formal programme of the evening was a symposium on the "Value of the Clinical Laboratory." Dr. Baker dealt on the importance of the laboratory in the diagnosis of gastrointestinal diseases, and described some of the

newer methods of diagnosis by means of the duodenal tube, examination of the intestinal flora, etc.

Dr. Alexander said there was a tendency to divorce the laboratory expert and the clinician, whereas they should work together. There is much obsolete work still being done in a routine way in the laboratory, while much that is new and valuable is neglected by the clinician, such as blood chemistry, which is of great help in the diagnosis of diabetes, nephritis, arthritis, and acidosis. It is important in considering anaphylaxis to remember that no animal is sensitive to horse serum, while some human beings are extremely so. Death from anaphylaxis almost never occurs from a second dose of serum, but the first dose may cause it, and many cases of sudden death in the army were probably due to anaphylaxis from initial doses of anti-tetanic or other sera.

Dr. Tidaback spoke of the importance of the x-ray in diagnosis, and of the advances being made in this department. Dr. Prout said that much of our work is still crude. The thyroid and adrenals which were formerly considered mere vestigial remains now have a great importance, and he thought that probably the appendix and the tonsils, which are so commonly and hastily removed, might some day be found to have an important function. He spoke of the diagnostic value of spinal puncture.

The Physicians' and Surgeons' Club.

The regular monthly meeting of the Physicians and Surgeons' Club of Jersey City was held Thursday evening, March 15, 1921, at the Jersey City Club. It was decided that the club hold the annual banquet in Jersey City and the president appointed a dinner committee consisting of Drs. Brinkerhoff, Freile and Frundt, who were instructed to report at the next meeting.

Under the order of business, calling for interesting cases, Dr. Street reported a case simulating Ludwigs Angina; Dr. Hasking, a case of psychic shock occurring in a paretic, who before, was apparently normal. Dr. Miner reported a rare case of nerve tumor in the rectum.

The paper of the evening, "The Doctor and the Law," was read by Dr. H. Culver. This paper was very thorough, covering both past and present laws from all angles and the physicians viewpoint, and was freely discussed by all the members present.

Academy of Medicine of Northern New Jersey —Section on Medicine and Pediatrics.

Psychoanalysis was the subject of an address delivered Tuesday evening, April 12, to doctors of the section on medicine and pediatrics in the Academy of Medicine by Dr. A. A. Brill, lecturer on normal and abnormal psychology in the University of New York. Dr. Brill devoted his time to relating some of his personal experiences in the field and the explanation of the theories laid down by Freud and his collaborator, Dr. Breuer of Vienna.

Speaking of the work of psychoanalysis in this country in the last twelve years, Dr. Brill mentioned many cures which have been performed from the basis of the theory laid down that nothing is accidental in psychic life. Ev-

ery neurotic symptom, he said, according to the view of the specialist, is a monument of an event in the past of the patient under treatment. Paralysis, deafness and in some cases blindness occasioned by neurosis or hysterical states can be cured by the discovery of the experience causing the illness and the removing of the subconscious repression on the part of the patient.

Instinctive or voluntary action of the patient, driving the memory of such a past experience from the conscious into the subconscious mind, causes illness in these cases, he said, and the reason for the hysterical state is therefore unknown to the sufferer. It is the function of the psychoanalyst to find the cause of the illness and to cure the patient by removing the mental state which causes it.

Taking up the statement of Freud that no neurosis is possible in a normal sex life, Dr. Brill explained that Freud intended "sex" to be interpreted in the widest possible sense, as the emotional life. Sex, he said, is the element causing the greatest amount of repression in modern life and is, therefore, the most frequent cause of neurosis.

Dreams, and the theory originated by Freud of subconscious mental censorship, were also explained by Dr. Brill, in relation to the work of the psychoanalyst. Dreams, he said, are taken, according to the theory, to represent mental states, modified by a habit of repression so as not to be offensive to the mind of the sleeper. Through clues given by dreams, he said, it is often possible to locate the cause of a hysterical state.

Discussion following Dr. Brill's speech centered around the value to the general practitioner of psychoanalysis, and the opinion was voiced that this branch of pathology was as yet a matter for the expert.

American College of Surgeons, New Jersey Section.

The first annual session of the state section of the American College of Surgeons terminated April 12 with election of officers at the Robert Treat Hotel, Newark, N. J. The session, which opened Monday morning and continued with clinics at hospitals and meetings at which topics of professional interest were discussed, attempted a new departure from methods employed by medical associations in holding one semi-public meeting Monday afternoon to discuss hospital methods and one on Monday night to which the public generally was invited. The semi-public meeting was limited to persons interested in hospital activities.

Monday afternoon the surgeons held their only really private meeting of the entire session, at which four papers of scientific nature were read and discussed. Dr. Walter B. Johnson of Paterson presided at the scientific meeting, at which the reading of the following papers constituted the program: "Operations on Previously Nephrectomized Patients," by Dr. George N. Sommer of Trenton; "Operative Indications in the Cure of Retroversion and Prolapse," by Dr. Robert L. Dickinson of New York; "Can Prostatic Symptoms Be Postponed?" by Dr. Ellis W. Hedges of Plainfield; "The Use of Radium in Gynecology," by Dr. Howard C. Taylor of New York.

Dr. Edward J. Ill of Newark was chosen to

succeed Dr. Johnson as chairman of the New Jersey section of the college. Dr. Carl E. Sutphen of Newark was elected secretary and Dr. James H. Brown of Montclair, counselor.

It was announced that the public meetings would be repeated hereafter. The place where the next session will be held was not decided upon, but was left to the discretion of the executive committee, composed of the three newly elected officers.

PHYSIATRIC INSTITUTE, MORRISTOWN.

By Marcus A. Curry, M.D., Reporter.

The Physiatriac Institute, situated on the former Otto H. Kahn estate at Morristown, held its formal inaugural exercises on the afternoon of Tuesday, April 26th.

Dr. Frederick M. Allen, in whom centers the leading force of initiative for the establishment of the Institute, described the details of organization, scope and purposes. Other speakers were Dr. Henry S. Pritchett, president of the Carnegie Foundation; Dr. E. P. Joslyn of Boston, Mass., and Dr. Marcus A. Curry, superintendent of the New Jersey State Hospital at Morris Plains, who include a resume of an address which Dr. D. C. English, the editor of the Journal, was prevented from making by an untoward circumstance which compelled his absence.

The Institute is ideally located on a 200 acre estate about 600 feet above sea level, of lawns, woodland, farm and gardens and embracing a private lake, an eighteen hole golf course, tennis courts, picturesque drives, walks and rest retreats.

Dr. Allen said that the essential service of the institution depends upon its dietary, laboratories and other facilities of accurate scientific research, investigation and treatment of diabetes and metabolic disorders. Individual cases will be studied to determine the proper diet to keep the condition under as thorough control as possible and each patient will be instructed in the method of home treatment either alone or under the supervision of the family physician.

It is in the scope of the plan to treat both private and philanthropic patients. The Physiatriac Institute will be conducted for the care and treatment of patients as a first-class sanitarium for the more prosperous class, the revenue thus received to help toward the maintenance of the other branches. The Physiatriac Hospital will care for those who can pay according to their more limited means or not at all. The same staff will give attention to both the Institute and the Hospital. Philanthropic patients will be afforded opportunity to perform service to relieve any feeling of stigma that they are the recipients of charity and to divert their minds from their ailments. The third branch is the Foundation supported by the Institute in part and, it is hoped, by endowment to be secured for the purpose of research, with laboratories and complete facilities. The three branches or corporations are mutually helpful.

Dr. Henry S. Pritchett called attention to the need of a special institution to deal with metabolic diseases and said the Institute is an advance and real step forward in medicine. He said also that for the kind of cases to be

treated in the institution a regime must be worked out and taught to the patients, whereas the general hospitals are called upon to deal with many kinds of diseases and to work in a wholesale way, and that it is well to have an institution to study a particular group of patients. Referring to Dr. Allen, he said that institutions never rise higher than those who make them, and this one has been started by a man who already has done distinguished service within this field; that in many respects the work of Dr. Allen is the best and most widely known in the treatment of diabetes. Dr. Pritchett said that Dr. Allen is a man capable of leadership and having blazed the way he hoped to see him advance his work to the highest plane of usefulness.

Dr. Marcus A. Curry spoke laudably of the purposes of the institution, encouragingly for its future and said the Institute will bring increasing prominence to Morristown and Morris County, as well as the State of New Jersey.

Dr. Joslyn added his congratulations and paid a tribute to the energy and ability of Dr. Allen. He read a paper on some recent developments in the treatment of diabetes.

There were about one hundred and fifty persons present, including many physicians from the more immediate vicinity of the Institute and from distant points. The exercises were held on the lawn and the speaking was from a platform erected over the piazza steps. Luncheon was served at small tables placed on the lawn, the nurses acting as waitresses, and the guests during the afternoon strolled about according to their inclinations to inspect the surroundings and appointments.

Dr. Allen explained that while patients have been received since July 14, 1920, the formal opening had been delayed on account of construction work, some of which still is incomplete, and other hindrances but that the time had arrived when the institution rests upon a sufficiently firm foundation to justify the formal opening.

Conference on Venereal Diseases.

The Bureau of Venereal Disease Control announces a conference on the diagnosis and treatment of syphilis and gonorrhea, to be held at the Newark City Dispensary and Hospital, under the joint auspices of the State and City Venereal Disease Bureau, on May 11th and 12th.

On Wednesday, May 11th, the diagnosis and treatment of syphilis will be discussed and demonstrated by Drs. Howard Fox and Mihron B. Parounagian of New York City, and Drs. H. J. F. Wallhauser and L. A. Koch of Newark.

On Thursday, May 12th, the diagnosis and treatment of gonorrhea will be discussed and demonstrated by Drs. E. L. Keyes Jr., and Colin Luke Begg of New York City, and Drs. C. R. O'Crowley, H. C. Povey and S. C. Keller of Newark.

Both demonstrations will include the modern methods of diagnosis and the administration of accepted treatment. At both the sessions ample clinical material will be available for the demonstrations and while the treatments are being administered motion pictures will be shown and criticised by a lecturer.

THE JOURNAL

OF THE

Medical Society of New Jersey

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MAY, 1921

PUBLICATION COMMITTEE:

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DAVID C. ENGLISH, M. D., Editor, 389 George Street, New Brunswick.

Each member of the State Society is entitled to receive a copy of the JOURNAL every month.
Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

NOTE.—The transaction of business will be expedited, and prompt attention secured if,—
All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to THE EDITOR.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL are sent direct to THE CHAIRMAN OF THE PUBLICATION COMMITTEE.

IMPORTANT NOTICE TO COUNTY SOCIETY SECRETARIES.

All county society secretaries should read over our by-laws as contained in Chap. 1, Sec. 2, which requires them to send in to the recording secretary of the Medical Society of New Jersey, Dr. William J. Chandler, at least **one month** before the annual meeting **four lists**. In preparing the lists of members in good standing they should confer with their county society treasurer and ascertain whether all of their enrolled members have paid their dues for the year 1921, and whether these dues have been forwarded to Dr. Mercer, treasurer of the State Society. Unless this is the case, members not having so paid cannot be considered as in good standing. The names of the officers, annual delegates and reporter are desired for insertion in the forth coming program.

The annual meeting being on June 14th to 16th, it would be an aid to the Program Committee to have these reports **at once**, so that the programs may be prepared and sent out early.

Wm. J. Chandler, Secretary.

DON'T FAIL TO ATTEND THE ANNUAL MEETING AND SECURE YOUR ROOM IN ADVANCE.

ONE HUNDRED AND FIFTY-FIFTH ANNUAL MEETING OF

The Medical Society of New Jersey

Hotel Chelsea, Atlantic City,

June 14 to 16, 1921

Meeting of the Board of Trustees on the Preceding Evening—Monday, June 13th, in the Hotel at 8 o'clock

The following Orations, Addresses and Papers comprise the Scientific Program. The order of their presentation and an outline of the Business Sessions will be issued in the usual Program Circular that will be sent to the members of the Society on or about June 1st.

Dr. Charles J. Kane, Chairman of the Committee on Scientific Work, sends the following as the Scientific Program for our Annual Meeting:

1. Address of President, Philander A. Harris, M. D.
2. Address of 3rd Vice President, Wells P. Eagleton, M. D.
3. Oration in Surgery, Dr. Eugene H. Pool, New York City—"The Late Results of Gastroenterostomy."
4. Oration in Medicine, Dr. Martin J. Synnott, Montclair, N. J.
5. Paper, Dr. G. N. J. Sommer, Trenton, N. J.—"Carcinoma of the Rectum."
6. Paper, Dr. J. P. Reilly, Elizabeth, N. J.—Review of Present Pathology of Thyroid.
7. Paper, Dr. G. M. Dorrance, Philadelphia, Pa.—"Surgical Treatment of Burns with Special Reference to Acetic Acid Treatment."
8. Paper, Dr. W. S. Disbrow, Newark, N. J.—"Pages from a Medical Book Collector's Notebook."
9. Paper, Dr. H. M. Ewing, Newark, N. J.—Lantern Slides—"The Electrocardiograph and Its Clinical Application."
10. Paper, Dr. G. K. Dickinson, Jersey City, N. J.—"The Training Schools for Nurses in New Jersey, and Some Remarks."

11. Paper, Dr. Clarence L. Adrews, Atlantic City, N. J.—"The Importance of Careful Diastolic Blood Pressure Observations in Cardio-Renal Disease with Report of Cases."
12. Paper, Dr. R. E. Soule, Newark, N. J.—"Experience in Reconstructive Bone and Joint Surgery," with Lantern Slide Illustrations.

There will be a general discussion of the above papers, 5-12.

THE WELFARE COMMITTEE.

This Committee was appointed as the result of the recommendations contained in the able address of President Harvey at the annual meeting of the Society in 1919, and was for the maintenance of the profession's standing and efficiency in the service of the State and its citizens. The following resolution was unanimously adopted at that time:

Resolved, That a committee of five be appointed by the chair, of which President Harvey shall be chairman, to consider the recommendations contained in the President's Address, and that the committee have full power to adopt and carry out any measures they deem proper at such expense to the Society as the Board of Trustees shall approve.

The following were appointed as the committee: Drs. T. W. Harvey, H. B. Costill, D. C. English, J. C. McCoy and W. P. Eagleton.

The Committee presented a report at the annual meeting in 1920. Its work as therein set forth met with general commendation. It was thoroughly discussed and the consensus of opinion was strongly in favor of a vigorous campaign against vicious legislation which tended to destroy the profession's efficiency and lower the educational requirements for licensure to practice medicine. Such expressions as: "If we need to spend more money, let us raise it," and "Every member should be willing to pay additional dues for the sake of having this work done," were made by several. The By-Laws were then changed; the Committee on Legislation was abolished and a Welfare Committee was added as a standing committee. Sec. 5 of Chap. IX was adopted as follows:

The Welfare Committee shall be composed of at least five members to be appointed by the president. One of these members shall be the executive officer of the committee and shall receive a salary. The duties of this committee shall include the work of the Committee on Legislation (Chap. IX, Sec. 6), and to it shall be referred all questions of professional wel-

fare not included in the specific work of the Judicial Council. This committee shall establish a close alliance with the county medical societies, shall be empowered to employ a special agent or agents and to expend such moneys as may be approved by the Board of Trustees.

The members of the former Welfare Committee were reappointed and Dr. W. P. Eagleton was elected chairman. Drs. A. F. McBride, Donald Miner and J. Hunter Jr. were subsequently appointed members of the committee. The committee during the past year has done an immense amount of work and though the expense to the Society has been greater than that of the previous year, it has been productive of far greater results.

The members of the committee have been so greatly impressed as to the importance of this work that they have made great personal sacrifice of time and money to secure the great victory that has resulted from these expenditures. They will only ask that the members of the Society shall give the careful consideration of the report they will present at the coming annual meeting that its importance demands, and that they will—even if increased annual dues be necessary—resolve to maintain the standing, honor and efficiency of the medical profession at any cost. The annual dues of our State Society are considerably less than those of other State societies and even of some of our county societies. Our opponents are raising and spending far more money for legislation that would destroy our standing and seriously damage the public's welfare than the Welfare Committee of our Society has spent or is likely to spend the coming year for the profession's welfare and the public's protection.

THE PHYSIATRIC INSTITUTE.

We call special attention to the account given elsewhere of the Physiatric Institute at Morristown on April 26th, which has been established for the care and treatment of diabetes, obesity, goitre, gout, myxoedema and other metabolic affections and for scientific research in this special group of diseases. We believe such an organization is needed and we are very glad that it has been established in New Jersey. Dr. Allen is the director eminently qualified for this new work and will undoubtedly make it successful in accomplishing the objects sought as set forth in Dr. Curry's article

and more fully in the addresses of Drs. H. S. Pritchett and F. M. Allen, which will appear in next month's Journal. The Institute is situated on one of the many beautiful sites in Morris County, comprising nearly 200 acres of lawns, woodland, gardens and farm lands. Laboratories, a diet kitchen and other scientific provisions occupy the main building.

The Editor of this Journal regretted exceedingly that it was impossible for him to attend the opening exercises, especially as he was asked to represent our Society, as President Harris could not attend. We however sent a hastily prepared letter of commendation and congratulation.

We have received Original Articles from Drs. H. L. Alexander of Newark; G. K. Dickinson of Jersey City; T. J. Smith of Bridgeton and H. I. Goldstein of Camden. They will appear in next month's Journal.

THE FAMILY PHYSICIAN IS AND ALWAYS MUST BE THE REAL BACKBONE OF MEDICINE.

Dr. E. MacD. Stanton, Schenectady, N. Y., in a discussion on the New York Health Center Bill before the sanitary officers' convention, Saratoga, N. Y., Sept., 1920, said: "Now let us turn again to the health center propaganda. A member of the State Department tells us that 'experience has further shown that the best results in diagnosis and treatment can only be obtained by the co-ordinated efforts of a group of specialists working together. No one will accuse me of underestimating the value of group medicine. I have been in it all my life but the propaganda for the so-called health centers does not put group medicine in its proper perspective. In the great majority of cases the real diagnosis must still depend upon the careful history and physical examination of one responsible physician. The family physician is and always must be the real backbone of medicine and I cannot see how either he or the public is really going to be benefited by propaganda which infers that he is not capable of doing his work properly.'"—Ill. Med. Jour.

Late Personal Notes Received.

Dr. Thomas H. Flynn, Somerville, and wife recently returned from a visit to their son at Annapolis, Md.

Dr. Michael S. Granelli, Hoboken, has leased a summer home at Convent Station.

Dr. Rudolph W. Gelbach, Hoboken, has resigned from the Christ Hospital staff on account of ill health.

Drs. William W. Maver and H. V. Broesser have been appointed roentgenologists at the Jersey City Rehabilitation Clinic.

Dr. Stanley R. Woodruff, Bayonne, addressed the North Hudson Physicians' Club on the "Prostate Gland" at a recent meeting.

RAILROAD FARES TO ANNUAL MEETING.

Dr. Chandler has received the following:

Trunk Line Association

Subject: Atlantic City, N. J., June 14-16, 1921, Medical Society of New Jersey. (File C-341).

Dr. Wm. J. Chandler, Secretary,

Dear Sir:

Referring to your application for reduced fares, we have pleasure in advising that same has been carefully considered and subject to the conditions outlined below, concession of one and one-half fare on the Certificate Plan will apply account above occasion from the following described territory.

From points in New Jersey

It is agreed that if not less than 350 members of your organization and dependent members of their families are in attendance at the meeting, holding regularly issued certificates from point from which the certificate reduction is authorized, and showing the purchase of going tickets at regular one-way adult tariff fares of 67 cents or over, they will upon the certificates being endorsed by you and validated by the Special Agents of the carriers, be returned at one-half of the regular one-way adult tariff fare applying from place of meeting to original starting point and via the same route traveled on the going trip as shown on the certificate.

Certificate must be obtained from ticket agent at starting point (or nearest station issuing through tickets to place of meeting), and in order to be valid for the reduced fare returning it must be endorsed by you, indicating that the holder is a member of your organization and has been in attendance at the meeting, or is a dependent member of his or her family, and is entitled to the reduction, and in addition the certificate must be validated also by the Special Agent of the carriers upon the date or dates arranged for that purpose. As persons arrive at the meeting, their certificates should be collected by you so as to expedite the validation of the certificates upon the arrival of the Special Agent.

As it may of assistance to you in explaining the Certificate Plan regulations to members of your organization there is enclosed a suggested form of advice which you can employ which will inform them of the procedure necessary to obtain these special fares for themselves and dependent members of their families. You should, of course, furnish them with this information as early in advance as practicable so they may fully understand the requirements.

For your information there is enclosed sam-

ple of the standard form of certificate used for Certificate Plan Meetings.

Yours truly,

C. M. Burt, Chairman.

Suggested advice to members of the organization respecting reduction authorized on the Certificate Plan for benefit of members and dependent members of their families.

A reduction of one and one-half fare on the Certificate Plan will apply for members attending the meeting of Medical Society of New Jersey, to be held at Atlantic City, N. J., June 14-16, 1921, and also for dependent members of their families, and the arrangement will apply from the following territory: From points in New Jersey.

The following directions are submitted for your guidance:

1. Tickets at the regular one-way adult tariff fares for the going journey may be obtained on any of the following dates(but not on any other date) June 10 to 15. Be sure that when purchasing your going ticket you request a **CERTIFICATE**. Do not make the mistake of asking for a "receipt."

2. Present yourself at the railroad station for ticket and certificate at least 30 minutes before departure of train on which you will begin your journey.

3. Certificates are not kept at all stations. If you inquire at your home station, you can ascertain whether certificates and through tickets can be obtained to place of meeting. If not obtainable at your home station, the agent will inform you at what station they can be obtained. You can in such case purchase a local ticket to the station which has certificates in stock, where you can purchase a through ticket and at the same time ask for and obtain a certificate to the place of meeting.

4. Immediately on your arrival at the meeting present your certificate to the endorsing officer, Dr. Wm. J. Chandler, Secretary, as the reduced fare for the return journey will not apply unless you are properly identified as provided for by the certificate.

5. It has been arranged that the Special Agent of the carriers will be in attendance on June 15 from 8.30 A. M. to 5.30 P. M., to validate certificates. If you arrive at the meeting and leave for home again prior to the Special Agent's arrival, or if you arrive at the meeting later than June 15, after the Special Agent has left, you cannot have your certificate validated and consequently you will not obtain the benefit of the reduction on the home journey. **No refund of fare will be made on account of failure to either obtain a proper certificate nor on account of failure to have the certificate validated.**

6. So as to prevent disappointment, it must be understood that the reduction on the return journey is not guaranteed, but is contingent on an attendance of not less than 350 members of the organization at the meeting and dependent members of their families holding regularly issued certificates obtained from ticket agents at the starting points, showing payment of regular one-way adult tariff fares of not less than 67 cents on going journey.

7. If the necessary minimum of 350 certificates are presented to the Special Agent, and your certificate is duly validated, you will be entitled up to and including June 20, 1921, to

a return ticket via the same route over which you made the going journey at **one-half of the regular one-way adult tariff** from the place of meeting to the point at which your certificate was issued.

8. Return ticket issued at the reduced fare will not be good on any limited train on which such reduced fare transportation is not honored.

MEDICAL SOCIETY OF NEW JERSEY.

Reinstated and New Members.

Added since Official List was issued

Atlantic County.

Andrews, Clarence L., Atlantic City.
Cunningham, Charles H., Atlantic City.
Davis, Byron G., Atlantic City.
Massey, John F., Atlantic City.
McGivern, Charles S., Atlantic City.
Miller, D. J. Milton, Atlantic City.
Munson, Milton L., Atlantic City.
Smith, Charles D., Atlantic City.
Westney, Alfred W., Atlantic City.

Bergen County.

Grimes, Jesse R., Dumont.
Hackett, James M., Leonia.

Essex County.

Charboneau, Eugene G., Newark.
Dragonetti, Edvige A., Newark.
Goldstein, Samuel M., Newark.
Martinetti, Charles D., Orange.
Nash, Herman N., Newark.
Pilch, Arthur G., Bloomfield.
Povey, Harry C., Newark.
Smith, Leonard H., East Orange.
Twitchell, Adelbert B., Newark.
Van Riper, Abraham H., Nutley.

Hudson County.

Botti, John A., 115 Mercer, Jersey City.
Brandenberg, Leo W., Secaucus.
Cassidy, John M., 1913 Boulevard, Jersey City.
Child, Frank M., Hoboken.
Connell, John, 977 Summit av., Jersey City.
Coughlin, Thomas F., Hoboken.
D'Acerno, Pallegirino, West Hoboken.
Delahunt, Joseph, 443 16th, Jersey City.
Drassell, Gustave W., Hoboken.
Edgar, Joseph A., 343 Webster, Jersey City.
Evans, James L., Woodcliffe.
Finn, Fred A., 897 Bergen av., Jersey City.
Frank, Morris, Bayonne.
Halperin, Sophia L., West Hoboken.
Hekimian, Jacob H., Weehawken.
Hill, William F., 299 York, Jersey City.
Hoops, Harold, 167 Ege. av., Jersey City.
Klaus, Henry, West Hoboken.
Lange, Louis C., West Hoboken.
McGeary, Thos. J., 273 Bergen, Jersey City.
McLaughlin, George E., 41 Crescent, Jer. City.
Magner, James P., Bayonne.
Mallalieu, Frank W., 16 Monticello, Jer. City.
Maxson, Cullen B., 420 Bergen, Jersey City.
Mooney, John J., 477 Jersey av., Jersey City.
Morley, Grace C., Hoboken.
O'Connor, John J., West Hoboken.
Ockene, Abraham, West Hoboken.
Olpp, Archibald E., West Hoboken.
O'Neill, John A., 270 Montgomery, Jersey City.
Paganelli, T. Richard, Hoboken.
Pinkerton, William A., Bayonne.
Poulin, William, West Hoboken.

Rector, Joseph M., 681 Bergen av., Jer. City.
Riha, William W., Bayonne.
Rosenberg, Jacob, 692 Bergen, Jersey City.
Rowe, Norman L., 828 Grand, Jersey City.
Schulman, Abraham S., West Hoboken.
Schept, Samuel S., Union Hill.
Shapiro, Joseph, Union Hill.
Shapiro, Maurice Bayonne.
Shapiro, Nathaniel J., West Hoboken.
Sheehan, Edward G., Weehawken.
Stanley, Percy D., Arlington.
Stellwagon, F. D., Weehawken.
Weber, Walter, West Hoboken.
Wechsler, Joseph, 3460 Boulevard, Jersey City.

Monmouth County.

Hendrickson, Henry A., Atlantic Highlands.
Hill, John A., Asbury Park.
Magee, David M. P., Red Bank.
Strahan, Frank G., Long Branch.
Reitter, George S., Indianapolis, Ind.

GENERAL HOSPITALS IN NEW JERSEY.

From Hospital Number A. M. A. J., April 16, 1921. Report for the year 1920.

"General Hospitals" include medical, surgical, maternity, orthopedic, pediatric, tuberculosis and contagious institutions.

*Approved for the training of interns as general hospitals; † as special hospitals.

New Jersey.

	Total	Av. Beds
	Beds	In Use
Ancora, 275—Camden		
Sunny Rest Sanat. (T.B.).....	70	60
Asbury Park, 12,400—Monmouth		
Municipal Hospital for Communi-		
cable Diseases	35	..
Atlantic City, 50,682—Atlantic		
Atlantic City Hospital*.....	120	73
Children's Seashore House	400	100
Municipal Hospital	62	..
Bayonne, 76,754—Hudson		
Bayonne Hospital and Dispensary*	109	75
Dr. Swiney's Sanitarium	28	16
Belleville, 15,660—Essex		
Essex County Tuberculosis Sana-		
torium (T.B.)	250	200
Blackwood, 600—Camden		
Camden County Almshouse Hosp.	65	45
Bridgeton, 14,323—Cumberland		
Bridgeton Hospital Assn.	35	..
Brown's Mills-in-the-Pines (Village)—Burling-		
ton		
Brown's Mills Sanatorium (T.B.).	35	27
Camden, 116,309—Camden		
Cooper Hospital*	150	120
Municipal Hospital for Contagious		
Diseases	80	..
West Jersey Homeopathic Hospi-		
tal*	150	83
Elizabeth, 95,682—Union		
Alexian Brothers' Hospital*	125	61
Elizabeth General Hospital and		
Dispensary*	170	115
St. Elizabeth's Hospital*	160	114
Englewood, 11,617—Bergen		
Englewood Hospital*	115	65
Franklin, 4,075—Sussex		
Franklin Hospital	30	18
Hackensack, 17,667—Bergen		
Hackensack Hospital*	120	88
Hoboken, 68,166—Hudson		
St. Mary's Hospital*	400	170

Jersey City, 297,864—Hudson		
Bergen Private Sanitarium	30	25
Christ Hospital*	120	110
Fairmount Surgical Sanat.....	40	34
Jersey City Hospital*	600	226
Kearney, 26,724—Hudson		
West Hudson Hospital	30	20
Long Branch, 13,521—Monmouth		
Monmouth Memorial Hospital*...	175	110
Millville, 14,691—Cumberland		
Millville Hospital	30	12
Montclair, 28,810—Essex		
Mountainside Hospital*	150	90
Morristown, 12,548—Morris		
All Souls' Hospital	90	52
Morristown Memorial Hosp.....	150	70
Physiatric Institute	50	..
Shonghum Sanatorium (T.B.)....	38	25
Mt. Holly, 5,750—Burlington		
Burlington County Hospital	50	25
Newark, 414,216—Essex		
Babies Hospital	35	17
Homeopathic Hospital of Essex		
County	62	45
Hospital for Women and Children	60	31
Hospital of St. Barnabas*.....	110	79
Lincoln Private Hospital	25	(New)
Newark Beth Israel Hospital*....	100	83
Newark City Hospital*	500	...
Newark Memorial Hospital*.....	125	75
Newark Private Hospital.....	59	48
Presbyterian Hospital	100	65
St. James' Hospital*	85	60
St. Michael's Hospital*	335	...
New Brunswick, 32,779—Middlesex		
Middlesex General Hospital	75	36
St. Peter's General Hospital.....	110	80
New Lisbon, 50, Burlington		
Fairview Tuberculosis Sanat....	25	...
Northfield, 1,127—Atlantic		
Atlantic County Hospital for Tu-		
berculous Diseases	48	...
Orange, 33,268—Essex		
Orange Memorial Hospital*.....	150	118
St. Mary's Hospital*	150	...
Passaic, 63,824—Passaic		
City Hospital for Contagious Dis-		
eases (T.B.)	50	...
Passaic General Hospital*	170	...
St. Mary's Hospital	103	...
Paterson, 135,866—Passaic		
Nathan and Miriam Barnert Me-		
morial Hospital*	85	...
Paterson General Hospital*.....	169	103
Paterson Isolation Hospital	75	...
St. Joseph's Hospital*	350	...
Perth Amboy, 41,707—Middlesex		
Perth Amboy City Hospital	100	75
Plainfield, 27,700—Union		
Muhlenberg Hospital*	112	101
Plainfield Sanitarium	55	...
Pompton, 470—Passaic		
W. Curtis Adams Sanatorium ...	35	...
Princeton, 5,917—Mercer		
Isabella McCosh Infirmary	30	12
Salem, 7,435—Salem		
Salem County Mem. Hosp.....	30	...
Scotch Plains, 1,000—Union		
Bonnie Burn Sanit. (T.B.)	240	200
Secaucus, 5,423—Hudson		
Hudson County Hospital	240	70
Hudson County Small-Pox Hosp.	50	...
Hudson County Tuberculosis Hos-		
pital and Sanatorium	200	160

Somerville, 6,718—Somerset		
Somerset Hospital	34	18
Spring Lake, 853—Monmouth		
Ann May Memorial Homeopathic Hospital	54	...
Summit, 10,174—Union		
Overlook Hospital	66	56
Thorofare, 102, Gloucester		
Sanitarium Association of Philadelphia	25	...
Trenton, 119,289—Mercer		
Mercer Hospital*	175	87
Municipal Colony (T.B.)	275	45
St. Francis Hospital*	165	160
William McKinley Memorial Hospital*	75	55
Ventnor, 491—Atlantic		
North American Sanitarium for Bone Tuberculosis	75	...
Verona, 3,039—Essex		
Essex Mountain Sanat. (T.B.)	80	60
Vineland, 6,799—Cumberland		
Physicians' Hospital	27	...
Vineland Hospital	30	...
Weehawken, 11,228—Hudson		
North Hudson Hospital*	75	58
Eleven General Hospitals of less than 25 beds	186	41
Totals—93 institutions.....	9,852	4,272

In New Jersey the following two counties have no hospitals: Hunterdon and Warren.

MEDICAL SOCIETY OF NEW JERSEY.

Legislative Bulletin Covering Session 1921.

The campaign for educational requirements on the part of all those who would practice the healing art, that the people of our State may be protected from incompetents, as conducted by the Medical Society of New Jersey, terminated successfully at the 1921 session of the New Jersey Legislature.

Constructive legislation was presented by the Welfare Committee of the State Medical Society in the form of a measure providing for "Limited Licenses," for healers other than medical physicians and Osteopaths. What were considered proper educational standards were set up and other educational safeguards provided. This measure became known as Senate Bill No. 149. It passed the Senate by a vote of 14 to 0, passed the House by a vote of 40 to 14, and was signed by the Governor March 31.

The law abolishes the State Board of Chiropractors, places Chiropractors under the control of the State Board of Medical Examiners, and provides for educational qualifications for Chiropractors. Hereafter an applicant for a Chiropractor's license in this State must be a high school graduate, have studied four years in a Chiropractic College and passed an examination in fundamental subjects before the State Board of Medical Examiners.

By the provisions of the same law regulation of new cults is provided for.

The Senate early recognized the fairness and necessity of a law such as Senate 149, and quickly gave the bill its approval. In the Assembly the situation was different. There was strong opposition, but the excellent work of the State Welfare Committee and county society members brought forth victory. The

aroused interest of the physicians was demonstrated on several occasions. At one time 600 physicians were present at a legislative session, while on the night Senate Bill 149 passed the House there were upward of 1,000 physicians there to watch the proceedings.

A bill to allow Osteopaths to practice medicine and surgery without meeting the requirements medical physicians have to meet, was defeated in the House. The Compulsory Health Insurance Bill never came out of committee, the physicians killed it by a demonstration at a hearing.

In the House, Speaker Hobart voted for Senate Bill 149 and also for the Osteopathic Bill, which the medical men opposed. He further appointed a special committee to handle medical legislation in place of the regular Health Committee of the House, placing thereon three men antagonistic at all times to the medical profession, and favorable to such legislation as did not provide for educational qualifications which medical men thought necessary.

Of the two women members of the House, Mrs. Laird voted for Senate 149 and against both the Chiropractic and Osteopathic substitutes. In this course she supported the position of the medical profession. Mrs. Van Ness, the other woman member of the House, was unalterably opposed to the medical profession at all times. She declared that she was opposed to Senate 149 and in favor of the Chiropractic and Osteopathic substitute bills. She was absent from the session the night Senate 149 was passed and the Osteopathic and Chiropractic substitutes were beaten.

Here are the Assemblymen who believed in educational qualifications for all healers, who voted for Senate Bill 149 and against both substitutes:

Dater and Glover, Bergen; Roberts, Burlington; Coles, Gibbs and Rowland, Camden; Boswell, Cape May; Dr. Alexander, Coon, Eaton, Elliott, Franklin and Laird, Essex; Engleke, Fallon, Loughran, J. B. Stephens and Templeton, Hudson; Dr. Fooder, Gloucester; Moore, Hunterdon; Blackwell, Guthrie and Dr. Read, Mercer; Evans, Hershfield, Dr. Meloney, Roegner and Tattersall, Passaic; Stiles, Salem; Hastings, Somerset; Baldwin, Sussex; Pierson and Warner, Union; Runyon, Warren.

Speaker Hobart voted for Senate 149 and the Osteopathic Substitute and against the Chiropractic substitute.

McMillan, Essex; Owen and Downs, Morris; Lohsen, Monmouth, and Cranmer, Ocean, voted for the Chiropractic and Osteopathic substitutes, and then on the final vote were recorded in favor of Senate 149.

Peterson, Middlesex, voted against all three bills; Lyons, Middlesex, voted for the Chiropractic substitute and against the Osteopathic substitute and against Senate 149.

The Assemblymen opposed to the medical profession and voting for the Chiropractic and Osteopathic substitutes and against Senate 149 were:

Blair and Corio, Atlantic; Tozer, Bergen; Blizzard, Cumberland; Champion, Dutcher and Taylor, Essex; Loori, Nelson, Patterson, A. E. Stephens and Tuttle, Hudson; Eldridge, Union. Absent: Appleby, Middlesex; Seibel, Hudson; Sexsmith, Monmouth; Van Ness, Essex.

Therapeutic Notes.

Eczema in Infants.—Diluted citrine ointment, externally, and very small doses of arsenic internally, in the following forms, are recommended for the relief of this condition:

Ung. hydrarg. nitratis, drs. 3 to 5

Ung. aq. rosae, q.s. ad, oz. 1

M. Sig.. Apply twice daily.

Liq. Potas. arsenitis, dr. 1

Aq. destil. q.s., ad., oz. 1

M. sig.: Two to eight drops once a day.—
Clinical Medicine.

Pyrexia of Dental Origin.—Captain Herbert Wallis, R. A. M. C., discussing pyrexia of dental origin which he is inclined to believe is often due to pyorrhea, recommends the following mouth application, which should be used, along with thorough scaling and syringing the gums under pressure three times daily:

Vin. ipecac, ʒii.

Liq.arsen, ʒii.

Glycerin, ʒii.

Aquam, ad. ʒviii.

This mixture is issued in two-drachm bottles (to obviate self-poisoning).

Three drops should be used twice daily; apply one drop at a time on the toothbrush. The gums should be gently brushed with this mixture on the brush.—The Journal of Tropical Medicine and Hygiene.

Apomorphine in Alcoholic Insomnia.—Apomorphine is an excellent remedy for the insomnia of alcoholism according to Dr. Francis Hare (Brit. Med. Jour.) In acute cases, 1-10 grain is recommended hypodermically, but care must be taken not to induce vomiting. In chronic conditions, 1-40 of a grain, given hypodermically, usually produces a short sleep.—Critic and Guide.

Eclampsia.—Trevor Berwyn Davies gives the following suggestions for the prevention of recurrence of the seizure in eclampsia: Absolute quiet is essential. Avoid manipulation and give sedatives. Of these morphine is by far the most important; $\frac{1}{2}$ gr. should be given; repeat two-hourly $\frac{1}{4}$ - $\frac{1}{2}$ gr. up to 2 gr. The use of chloroform has been largely given up owing to its toxic effects, and ether is the anesthetic of choice. This should be given before all manipulations.—The Clinical Journal.

Treatment of Diabetes.—Bullrich has been applying the Allen fasting method for two years, and in many cases has succeeded with it in banishing the sugar from the urine after failure of all other measures for more than ten years. He has found it particularly useful in cases with serious complications, gangrene, etc., and in modifying impending acidosis. He says that it never failed him in his fifty cases.

Treatment of Sprue by Massive Doses of Sodium Bicarbonate.—Aldo Castellani finds that the administration in sprue of massive doses of sodium bicarbonate by mouth and intravenously, in conjunction with the usual dietetic measures, gives satisfactory results in a

large number of cases, especially as regards the intestinal symptoms of the malady.

Hospitals.

(See List of Hospitals, page 165.)

Fire in Camden Hospital.—A fire occurred in the Cooper Hospital, Camden, N. J., on April 9, which caused an estimated loss of about \$50,000. No lives were lost.

Elizabeth General Hospital.

The forty-first annual report for the year 1920 shows: Patients in hospital Dec. 31, 1919, numbered 103; admitted during the year 1920 to the wards, 2,268; to private rooms, 996; total treated 3,367; emergency cases treated, 1,335; new cases at dispensary, 2,080; grand total treated, 6,782. Discharged: Cured, 2,043; improved, 988; died, 220; remaining in hospital Dec. 31, 1920, were 116. Graduates of Training School, 8 for 1920 and 15 for 1921.

The Jersey City Hospital.

This hospital reports for the month of February as follows:

Patients in hospital Feb. 1st, 312; admitted during month, 513; patients treated, male, 467; female, 358; total, 825. Patients discharged: Cured, 160; improved, 217; unimproved, 24; transferred, 20; died, 53; total, 474; remaining at end of month: In wards, 257; in maternity, 28; in nursery, 22; in children's ward, 44; total, 351. Major operations, 106; minor operations, 116; T. and A.'s, 25; x-rays, 592. Dispensary: New cases, 1,109; re-visits, 1,650. Emergency room, visits made: Day, 245; night, 105. Ambulance calls, 415. Isolation Hospital, 103 patients treated; discharged: Cured, 42; died, 2; remaining March 1st, 59.

Middlesex General Hospital, New Brunswick.

The 36th annual report of this hospital for the year ending Feb. 28, 1921, has recently been issued. The superintendent's report shows: In hospital March 1, 1920, 51; admitted during the year, to wards, 377; to private rooms, 474; number of births, 131. Number of patients discharged: cured, 699; improved, 104; unimproved, 20; died, 44. Number of patients remaining Feb. 28, 1921, 35.

Dr. L. P. Runyon is president and Dr. F. L. Brown is secretary of the medical and surgical staff. Miss F. H. Bescherer is superintendent.

The Greenville Hospital.

Dr. Joseph M. Rector reports: The hospital has been filled almost to capacity during the past month and several maternity cases have had to be refused owing to the lack of rooms. Dr. H. E. Woelfle had the surgical and Dr. D. B. Street the medical service for March. Dr. Cassidy, house physician has charge of the dispensary, which is frequently made use of by people in the neighborhood.

The question of securing pupil nurses is becoming quite serious and even the advanced salary of \$250 a month, instead of \$5.00 does not seem to increase the number of applicants, making it necessary to employ graduate nurses

instead of pupils, which, although a financial strain on the hospital, is an advantage to the patients and doctors.

The three Gilds are interesting themselves in the various needs of the hospital. The Ladies' Aid Society are providing linen. The Junior Circle will see that the patients' trays are properly equipped with covers, dishes and silver. The Board of Governors are intensively interested in increasing the building fund, which, although not sufficient to meet the expense of the contemplated wing, yet they are more than thankful to the public for the generous response to their appeal.

North Hudson Hospital.

The North Hudson Hospital is very much over-crowded, and is particularly lacking in room for the maternity service. Emergency cases only can be accommodated in the wards, and there is urgent need for a ward service in obstetrics.

It is hoped that the physicians on the staff will make every effort to promote the erection of a maternity ward.

Salem Memorial Hospital.

The following is the report of the Salem County Hospital for the month of March: Remaining in hospital Feb. 28th, 22; admitted during March, 46; operations, 27; deaths, 6; births, 4; discharged, 55; accident cases, 18; patients returned for dressings, 23.

St. Francis Hospital, Jersey City.

Dr. J. J. Mooney reports: The regular monthly meeting of the staff of St. Francis Hospital was held in the staff room March 3rd. The meeting was fully attended and much enthusiasm was expressed over the completeness of the clinical records and the reports from the various departments.

Dr. Henry V. Broeser reported that the appliances recently ordered had arrived and that his department is now equipped for any and all x-ray work and electrical treatment.

The report from the laboratory department indicated that the plan considered at a previous meeting, namely the combining of all laboratories, chemical, bacteriological and pathological into one department, had been effected and had been placed under the supervision of Dr. Herbert Bunzell with the title of Visiting Chemist and Director of Laboratories. Dr. Bunzell is well qualified for the work, having been a Professor of Chemistry and recently connected with the Department of Agriculture. He plans a complete and up-to-date department with full time working technicians.

Bonnie Burn Sanatorium.

Superintendent John E. Runnells of the Sanatorium, reports that on March 1st there were 248 patients in the Sanatorium, 136 males and 112 females. This number included 30 males and 38 females in the Preventorium. During the month 30 patients were admitted, 21 males and 9 females. Eight of these admissions went to the Preventorium. Among these admissions there was one re-admission. The admissions are classified as follows: Pre-tubercular, 10; incipient, 1; moderately advanced, 4; far advanced, 13; bone tuberculosis, 1; non-tubercular, 1. The largest number

of patients present at any time during the month has been 251. The smallest number 243; present March 31st, 244. Daily average, 247.8.

Deaths.

FEWSMITH.—In Newark, N. J., April 9, 1921, Dr. Joseph Fewsmith, one of the foremost physicians and surgeons of Newark, aged 70 years.

Dr. Fewsmith was born seventy years ago in Auburn, N. Y., but when he was an infant his parents removed to Newark, and he remained there practically ever since. His father, Rev. Dr. Joseph Fewsmith, was for thirty-seven years pastor of the Second Presbyterian Church, of which his son was later one of the trustees.

Dr. Fewsmith was educated in the public schools of that city and in Newark Academy, from which he was graduated in 1866. Then he went to Phillips Academy, Andover, Mass., a year later entering Yale University. He was graduated with the class of '71, taking his A. B. degree.

Even as an undergraduate his thoughts all had been in the direction of the medical profession, and after leaving Yale he attended the New York College of Physicians and Surgeons, from which he was graduated with his medical degree in 1874. He was appointed shortly after to the position of house surgeon at Roosevelt Hospital, which he occupied for a year and a half. Next he went to Vienna, where he entered the general hospital as assistant and student. For two years he attended the lectures and witnessed surgical operations performed by some of the most distinguished European scientists.

Dr. Fewsmith returned to Newark in 1877, establishing himself as a practitioner. Almost immediately he attained a high reputation and a profitable practice. He then became the physician at the City Dispensary, as well as attending surgeon at St. Barnabas's Hospital, St. Michael's and the Protestant Foster Home. He also was consulting surgeon of the Home for Crippled Children. For some time he was medical examiner for the Mutual Benefit Life Insurance Company and for the Royal Arcanum. He was elected a trustee of the City Home in 1902. Later, Dr. Fewsmith was appointed president of the Medical Board of St. Michael's Hospital, which position he filled for many years.

He was a member of the Essex County and of the State Medical Society and a Fellow of the American Medical Societies. He was also connected with other medical societies; was a member of the Essex County Country Club and the New Jersey Automobile Club.

More than a year ago Dr. Fewsmith's health began to fail and he was compelled to give up his practice for a time. A few months ago he began to see a few of his oldest patients, but was unable to take up general practice.

The Newark Evening News contained the following editorial on Dr. Fewsmith:

In the practice of his profession, both as physician and surgeon, Dr. Joseph Fewsmith gained high rank and earned a reputation for learning and skill that was not confined to

this city, where he pursued his professional work with untiring zeal for more than forty years. He was suited to his calling by the quality of intellect which directed his ambition to far greater heights than mediocrity, by his temperament which aided him in a preparatory course of profound study, and by a kind and sympathetic nature which led him always to strive for the alleviation of human suffering. He did not permit the demands in his regular field of practice, and they were heavy and constant, to turn from devoting a large part of his time to ministering to the ill and bodily distress of the poor. He gave freely in this respect as physician to the city dispensary, to orphans and crippled children and at the hospital. His long service in medicine in this city might be said, in a sense, to be comparable to that which his distinguished father, whose name-sake he was, rendered during his long pastorate of the Second Presbyterian Church in the capacity of physician to the spiritual ill of his fellow men.

IN MEMORIAM.

A Tribute to Dr. L. M. Halsey.

He sleeps, and he will not waken here—
In his bed on yonder hill
He does not know that the night is dark
Or the moonlight cold and still.

Great piles of flowers are heaped around—
Roses and lilies white—
Tribute of friends from near and far
Who mourn for him tonight.

Yet why should we weep? He is at rest,
The sands of his life are run;
We can only feel that God knows best,
Knows when life's work is done.

But many will miss his cheery smile,
The sound of his voice, the clasp of his hand;
For he was my friend, and yours, and theirs,
The old and the young throughout the land.

And all of us cherish down deep in our heart
A memory of some special kindly deed;
A word of comfort, a touch, a smile,
Given to us in some time of need.

He lived to better his fellow men—
To ease the pains of death and birth;
And now he sleeps; God rest his soul!
One of life's noblemen—salt of the earth.
—M. C. T.

(In the Gloucester County Democrat.)

Personal Notes.

Dr. Asher T. Applegate, Englishtown, was the jury commissioner who with the sheriff drew the Monmouth County grand jury last month.

Drs. Henry A. Hendrickson, Atlantic Highlands, and John C. Clayton, Freehold, were drawn as members of the grand jury of Monmouth, May term. Two women were also drawn on the jury.

Dr. William H. Axford, Bayonne, and wife have gone to their farm at Chester for the summer.

Dr. Francis J. Drake, Phillipsburg, was stricken with paralysis in his office on April 5 and he was unconscious all day. He is slowly recovering.

Dr. J. Mitchell Reese, Phillipsburg, and wife spent two weeks in Atlantic City last month. Dr. Bertha Whaland, Bridgeton, spent two weeks recently in Bermuda.

Dr. Charles F. Baker, Newark, and wife have returned to their estate Bakehaven from Newark where they spent the winter.

Dr. Thomas S. Dedrick, Washington, entertained the Washington Clinical Society at his home one evening last month. He read a paper on disease of the eye.

Dr. Martin Cole, Hainesville, was seriously ill last month.

Dr. Berth M. Howley, New Brunswick, underwent an operation for gallstone disease last month. He is recovering.

Dr. William E. Ramsay, Perth Amboy, was elected foreman of the Middlesex County Grand Jury for the April term.

Dr. Harris Day, Ogdensburg, and wife, spent a few days in Boonton last month.

Dr. Clarence L. Vreeland, Pompton Lakes, has been appointed a member of the local board of health.

Dr. James T. Hanan, Montclair, was elected a member of the Montclair Town Commission on April 26th by a large majority, carrying every ward.

Dr. Robert R. Sinclair, Westfield, has recovered from a severe illness.

Public Health Items.

"Nobody's child is entirely safe until everybody's child is properly cared for."

Bridgeton Health Report.—The report of the sanitary inspector for March showed nine cases of scarlet fever since the prior meeting. There have been about forty cases and one death. Other diseases reported were whooping cough 8, measles 14, chickenpox 6, mumps 4, tuberculosis 4, pneumonia 1. The inspector declared he believed if the first few cases of scarlet fever had been isolated the disease would not have reached epidemic form. He spoke of the difficulty of enforcing quarantine regulations when the patient is in a room on the first floor and the mother is the only nurse, though he said he cautions the members of the household.

Millville Report.—During the month of March the stork visited Millville twenty-three times and out of that number only half dozen were left behind. It was decidedly a month of boys. One of the peculiar happenings was the birth of two sons to two sisters on March 9th.

Newark Health Report.

The department reports for February as follows. Total number of deaths, 406; a death rate of 11.5 per 1,000 population. The principal causes of death were: Cancer, 37; tuber-

culosis, 27; apoplexy, 25; organic heart disease, 37; pneumonia, 49; Bright's disease and nephritis, 37; congenital debility and malformation, 34; scarlet fever, 6; diphtheria, 3. Cases reported: gonorrhea, 61; syphilis, 68; chancroid, 6; diphtheria, 128; pneumonia, 345; scarlet fever, 279. City Dispensary: Patients treated, 4,000; sent to hospitals, 106.

Orange Health Report.—The health officer reported for March 249 cases of communicable disease: Measles, 81; whooping cough, 52; mumps, 42; scarlet fever, 9; diphtheria, 6; pneumonia, 20; tuberculosis and influenza, each 3 cases. Deaths, 32; births, 49.

New Jersey Health Report.

The April report of the State Department of Health gives the February Vital Statistics as follows: There were during February 3,326 deaths. Of children under one year of age, 473; over one and under five years, 228; persons sixty years of age and over, 1,199. The death rate was 12.23. Some causes of death were: Cancer, 206 cases; tuberculosis, 253; pneumonia, 253; Bright's disease, 280; diphtheria, 64; scarlet fever, 39; diseases of nervous system, 356; of circulatory system, 613. There were reported: Gonorrhea, 195 cases; syphilis, 245; chancroid, 10.

Child Hygiene Bureau.—Visits made by nurses during February, 8,006. Babies brought to stations during February, 2,057. Supervised Babies—placed under supervision during February, 701; deaths of supervised babies during February, 22. Prenatal Care—Expectant Mothers—placed under supervision during February, 159; deaths of babies under one month, none.

In a communication received from S. Josephine Baker, Director of the Bureau of Child Hygiene of New York City, New Jersey is heartily congratulated upon the splendid work that is being carried on, and the opinion is expressed that it is far in advance of the work that is done by any other State.—Editor Public Health News.

New Baby Keep-Well Stations.—Baby Keep-Well Stations, which are part of the child hygiene work of the New Jersey State Department of Health, have recently been opened in Princeton, Netcong, Vaux Hall, New Providence, Edgewater and Flemington, and additional stations to meet the increasing demand for preventive health work have been established in Elizabeth, Harrison, Linden, New Brunswick and South River. Stations now under the direct supervision of the State department of health number seventy-five.

Aims of Health Department.—Many health departments as constituted today fall far short of the ideal in scope and activity. In many the aims are narrowed or confined to communicable disease, either by their own sluggishness or by the encroachments of more active agencies. The aims of health departments should be the eradication of preventable disease, the elimination of corrigible physical and mental defects, and the maintenance of all individuals in the best possible physical and mental condition.—A. J. McLaughlin, Commonwealth.

NEW HEALTH LAWS ON STATUTE BOOKS.

The following laws which are of more or less interest to physicians were enacted by the Legislature of 1921:

Senate 1.—Increases from eight to ten the membership of the State Department of Health to allow the selection of two women. Feb. 16—Approved Chapter 11.

Senate 16.—Gives hospitals same protection as enjoyed by hotels by defining person as disorderly who obtains services at hospitals with intent to defraud. Apr. 7—Approved Chapter 153.

Senate 19.—Appropriates \$12,000.00 for purchase of buildings and land adjoining Morris Plains Hospital to provide living quarters for medical staff. Feb. 16—Approved Chapter 13.

Senate 21.—Appropriates \$75,000.00 for taking over Agricultural Colony at Woodbine, now owned by managers of the Baron de Hirsch Fund. Premises are to be used for feeble-minded males. Mar. 3—Approved Chapter 26.

Senate 45.—Authorizes Commissioner of Education to name County Medical Inspector. Mar. 18—Approved Chapter 57.

Senate 76.—Determines points at which railroad passenger car toilets must be closed when passing over potable watersheds. Mar. 18—Approved Chapter 58.

Senate 96.—Permits Health Board to govern effluents from sewerage systems passing into potable water supplies. Mar. 17—Approved Chapter 46.

Senate 97.—Requires approval of Health Department for changes in water purification and sewage treatment plants. Mar. 24—Approved Chapter 87.

Senate 102.—Requires approval of Health Department on public and private municipal water and sewerage systems and compels furnishing of information on such systems asked for by the Health Department. Mar. 17—Approved Chapter 47.

Senate 113.—Eliminates trial by jury in prosecutions by State Board of Medical Examiners. Apr. 8—Approved Chapter 221.

Senate 116.—Allows fee of \$250 for each member of the Board of Examiners for physicians for each examination, regularly held. Mar. 17—Approved Chapter 49.

Senate 148.—Requires industrial establishment to obtain permit from Health Department to be established within the watershed of streams. Apr. 12—Approved Chapter 280.

Senate 149.—Permits State Medical Board to issue limited licenses for the practice of special methods of healing. Abolishes Board of Chiropractic examiners and adds Chiropractor to State Board of Medical Examiners. Mar. 31—Approved Chapter 136.

Senate 170.—Requires annual registration of midwives and compels candidates for license to show proof of U. S. citizenship. Apr. 12—Approved Chapter 338.

Senate 221.—Allows undertaker to file certificate of death in exchange for a burial permit, in counties having less than 100,000 inhabitants, with Registrar of Vital Statistics of district in which undertaker resides or where burial is to take place. Mar. 24—Approved Chapter 96.

Senate 253.—Permits incarceration of epileptics regarded as unfit to be at large. Apr. 12—Approved Chapter 339.

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ONE HUNDRED AND FIFTY-FIFTH ANNUAL MEETING OF The Medical Society of New Jersey HOTEL CHELSEA, ATLANTIC CITY, June 14th to 16th, 1921

A STOMACH CASE.*

By **Gordon K. Dickinson, F.A.C.S., M.D.,**
Jersey City, N. J.

Two forces tend to swerve us as we sit by the bedside with diagnostic intent, for as we are inclined by habit of thought so do we bend. We may, with the faith of a tyro, turn to the many laboratory aids with abiding trust, forgetting the personal error there. We may render undue deference to them and err in their errors. For the lean in wisdom, lean. Again, we may trust to that book of knowledge, experience, which is the fruition of many years of observation and study disease as expressed in symptoms and signs. We may lay deep the foundation on the physical makeup of the one who is stricken with illness or sensed with pain.

There are those whom thinking tires and who call upon others to think for them, and there are others who enjoy the study of disease and physical makeup as a naturalist would research into the wonders of nature. The most satisfactory and safest physician is he who takes advantage of both and compels the laboratory to be a servant to his good judgment and common sense viewpoints.

As an example of method we have in mind the case of an Italian male, 49 years old, who came to the hospital January 26, 1921, with "stomach symptoms." He had had malaria three years ago. Appetite

poor, bowels constipated, sometimes not moving for three days. Urination was normal, no venereal history, no loss of weight in past year. About 19 months ago he had a severe attack of pain in the right upper abdomen under the costal angle; another 8 months later; and a third, a few months ago. Each time there was vomiting and fever. The present illness began January 1, when he had a severe cramp-like pain in the right hypochondriac region. He vomited a number of times, the vomitus consisting of a greenish fluid. Pain and vomiting had persisted ever since. The distress was localized at one place and did not radiate. Examination showed no teeth (which he said had dropped out from disease), conjunctivae not icteric; neck, heart, lungs, chest negative. Abdomen, no mass palpable, slight tenderness at Mayo-Robson point at tip of 9th rib. Reflexes negative. The blood pressure was 140 over 90. Blood examination: hemoglobin, 90%; erythrocytes, 5,500,000; leucocytes, 6,000; polys, 65%; mono., 11%; lymph, 22%; eosino, 1%; baso., 1%. Urinalysis: amber colored, acid reaction, specific gravity, 1.029; slight trace of albumen; no sugar; few white cells; occasional hyaline and granular casts; few amorphous urates; mucus threads; few epithelial cells.

As we look at him, we find the hair rather coarse, dark and a little curly, the line of demarkation on the forehead broad, eyebrows meeting, in fact, the whole body was plentifully supplied with hair. His features were good, but he

*Read at the Bayonne Medical Society meeting held April 18, 1921.

was not well nourished. Jaws were broad and the hard palate low. He was toothless, as stated before. Thyroid was small, hiding under the muscle; larynx well developed. He had a broad chest, supraclavicular spaces being filled. There was a broad costal angle with a full epigastrium. His inguinal canals were firm and there was good muscle tone, although evidences of emaciation.

The lesson we can draw from this short survey will give us a very excellent comprehension of his physical state and ability to react to the microbic dangers incident to life. The hair, its placement, and good supply of chromaffin, is suggestive of that type which is closely related to primitive man, who fought for his food and was not perverted by conditions prevailing in communal life. His ancestors were undoubtedly workers in the field; they did not have the dangers of foul air and surfeit of food. Being Italian, he probably was fed on carbohydrates. His teeth becoming diseased and dropping out one after the other from rot, shows the end result of such a diet and inattention to dental hygiene. It also indicates his intestinal tract, if surfeited, had that which would ferment rather than putrify.

The broad mouth and low palate determine the capacity of the nose. A good nasal chamber with a 100% facility in respiration means good lung expansion, and it is in these people with a competent respiratory efficiency that we seldom note a tendency to tuberculosis of the lung. They all become infected in the glandular sense, but rarely do we see them in our institutions, suffering from consumption, and when such misfortune does occur, they give us our largest per cent. of recoveries. For the same reason, cardiac embarrassment is diminished.

Men with broad costal angles are born for a long race. They are morphologically perfect, they never suffer from visceroptosis and the neurotic chain of symptoms, for the liver is high, the stomach and other viscera well sustained, consequently all their functions are conducted normally. The cecum is seldom over the brim, does not become ballooned, and the symptom complex we know as chronic-appendicitis is rarely, if ever, discovered in them. Whereas, in those with narrow costal angles a type of malformation exists, the ligamentous supports of the viscera are lax, rotation of the

colon often incomplete, and attachment of the ascending colon not satisfactory. Here we have our pendant cecums, drags on the mesentery, pronounced ileo-stasis, pulsating ileac artery, toxemias and neuroses.

In "stomach cases" there are two common avenues of infection; one from below, the region of the cecum; and another from above, the mouth. The ascending infection from the ileo-cecal region passes by the lymphatics through the right kidney and upward. It has been shown by cystoscopic examination that there exists a florid ureteral orifice with the functioning of the kidney somewhat diminished compared with the other, which quickly disappears after operative procedure. From the kidney the lymphatics run up to the region of the pancreas and gall-bladder, tending to a cholecystitis and hyperplasia or hardening of the head of the pancreas. It may be ten years before we come to a symptomatic change. Then in another space of time we have affection of the pyloric end of the stomach or duodenum, and the terminal condition of ulceration.

Our man being hypophyseal, without developmental defect of abdominal viscera, and fed largely on starch diet, this as a causative factor of his stomach trouble can be eliminated. As we said in our short history, his teeth dropped out from caries. He must have had pussy gums, and, naturally, this led to a type of gastritis. We are told that the mucosa becomes infected and invaded largely with the streptococci germ, which neither dieting nor medicine will cure: according to Cotton, vaccines only, kept up for weeks. The end result of a constant stream of streptococci from the mouth, reinforced with those in the mucosa of the stomach, means ulceration. So we had for our diagnosis in this case, not "chronic appendicitis" or ileo-cecal stasis, but naturally concluded that only two tissues were affected, the duodenum and gall-bladder.

As to laboratory work. Some years ago the man who would not have a stomach analysis on every case would be ostracized. Those who have the habit of routine call for it even now, but we note among the good surgeons that many omit this, primarily because it gives no decisive information except as to motility. As our patient evidently had pyloric obstruction that question was already

answered. Whether there is hyperacidity or hypoacidity is well to know scientifically, but gives no aid practically. The stomach tube is an annoyance and several analyses would have to be made in order to reduce the error occurring from but one test. The x-ray was eliminated for similar reasons. Where the pylorus is patent and time not urgent, x-rays are all important and a good plate and competent radiologist are most helpful and should be employed, but common sense led us to defer in this case.

The operation discovered an ulcer at the pylorus and a thickening (almost complete occlusion), and a gall-bladder full of black bile. These ulcers occur in the little crypts in the duodenum close to the pyloric sphincter and in their fibrosis extent into the sphincter, producing not only a hardening but a spasm. It was attached posteriorly and could not be lifted. The man had been subject to infection pouring in from the mouth so long that he not only had a streptococcic gastritis, but evident changes in the liver. During the operation it was seen that this organ instead of being reddish brown was somewhat bluish and mottled like morocco. Great changes were evidently occurring, pathological and no doubt physiological.

Our prognosis in upper abdomen cases is largely guided by the appearance of the liver, and even though recovery ensues the fight is severe and protracted if the liver does not functionate properly. As the gall-bladder was in the way and contained black bile, it was removed. Then we found the nodule at the pylorus, for which we did a posterior gastro-enterostomy. The whole operation took about half an hour, under gas-oxygen anesthesia. He did not show evidence of shock, but died of exhaustion and died in 24 hours. An autopsy through the wound found the stitches all held, the stoma good, no inflammatory reaction, no fluid and no injection.

Now, why did he die? The liver has several functions. For the surgeon one is very important and that is, the conversion of carbohydrates into glycogen. All activities of the body are made possible through glycogen. It is the fuel of the cell. A person who has not had sufficient carbohydrate food before an operation has a precarious and stormy convalescence and approaches the danger line. This man had not had such food for days,

and the foul stuff from the mouth and chronic sepsis had had their effect. So, so far as the glycogen was concerned, he was in poor condition. Glucose to produce the physiological effect must have a colloidal attachment. If thrown into the blood it does not aid nature, as some suppose, but passes out through the kidneys with embarrassment. It must pass through a mucous membrane to become of value. Perhaps if the man had had rectal injections for a period before the operation, he might have lived, but in this case we had our lesson,—we did not give him rectal enemas of glucose.

The different cells of the body contain a chromaffin substance. Particularly in evidence is this in the liver, adrenals and cells of the brain. Chronic sepsis reduces the amount.

Crile tells us that there is a something secreted by the liver which physiologists have not as yet discovered. He says that the thyroid can be removed in toto and have the patient live for a week or more; that the adrenals can be removed and still have life for a number of days, that even if the brain be taken out life can be maintained for a while by proper means; but if the liver be removed the patient never lives more than 4 hours and at the end of that short time every bit of chromaffin substance of the brain and adrenals has disappeared, showing that there is evidently some very vital substance secreted by the liver which maintains this substance.

As the liver of this patient had not been functioning properly on account of sepsis, and as he had been deprived of carbohydrate diet and glycogen storing, it may be that this important unknown substance so vital for life was diminished, and the operation led to its greater suppression.

It is not so many years ago since we were thoroughly satisfied with the diagnosis of "indigestion." We have some books written even today which well express the symptomatology of stomach disturbances, but say nothing as to the cause. Now the profession can diagnose indigestion in terms of causative factors, but even these may be split into primary causes, and the closer we get to the original reason for disturbance, the closer we come to prevention.

We have been dividing our art into medicine and surgery, but each has the same pathology and the same etiology.

There is no distinction between the two except as to treatment, so he who treats medically or surgically, must be equally well founded in the knowledge of symptoms, signs, pathology and cause in order to carry out his line of activity.

The ancient Hebrew has given to us a glorious religion and the God of the Hebrew worked miracles, but the human in their nature led them repeatedly to neglect the God of gods and worship images. The same feeling is in us today and a strong tendency to swerve from true knowledge to things we see.

REMINISCENCES OR THOUGHTS AND IMPRESSIONS FROM A STUDY OF MENTAL DISEASES.*

By Thomas J. Smith,
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I have hesitated to offer you this paper today as I have feared the sentiments expressed therein might not prove to be of especial interest to you. Its purpose is to bring the members of the medical profession into closer touch with a class of patients that do not often come under their attention and to encourage in you a cheerful support of any preventive or corrective plans that may be proposed for their betterment.

Since the paper will mainly follow along sociologic lines of a more general character it is not to be considered particularly as a scientific one. The more definite purpose is simply to offer you some thoughts and conclusions that I have derived from a somewhat extended study of this class of patients.

The most pleasant dreams are those that relate to ourselves. The most dangerous ones are that we are greater than our fellows. Joseph of biblical lore tried the latter and won out. He has had many imitators since who have lost their all. The worst worldly loss is that of our reason, but few realize how serious a matter it is even to have it impaired. A distressful case, illustrative of this point, has recently been related to me in which the man imagined he possessed occult power and that his enemies were hypnotists. It was found that he was a graduate of a correspondence school of magnetic healing that was accredited with wonderful healing virtue.

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Unfortunately learning to read does not always breed sense. There are numbers of readers whose superstitions are only increased by reading the superstitions of others. Superstition breeds supererogotism, which, when implanted in an already weakened mind, results disastrously.

The public now generally understands that the variable forms of mental disease as met with are of such a nature that those affected by them are rendered helpless and incapable of farther caring for themselves and that, in the larger number of cases, the disease is either incurable or, at least, of a very protracted nature.

From historic times long since past, up to within the last century, the insane have been considered only as moral and mental perverts. There has been no period in human history in which there have not existed and been recorded some forms of mental abnormality and disordered reason. It will be well to mention briefly, just here what some reliable authorities, in those early times, have recorded relative to mental affections.

It is known that insanity was prevalent from the remotest Grecian antiquity under the forms of epilepsy and melancholia. Ajax was tormented by the Furies and finally killed himself. Hercules was subject to furious mania. Oedipus tore out his eyes and found in the forest of the Eumenides protection and reconciliation with the gods. Orestes was persecuted by the furies. The curse of the gods rested upon the melancholic Belerophen.

Herodotus, the oldest Greek historian whose works have come down to us, relates the madness of the Persian king Cambyzes, who ruled 500 B. C. He describes him as one whose madness was characterized by homicidal acts and suicidal tendencies, the outcome of well defined delusions. Frequent instances of mental trouble are given in the old Testament. David feigned insanity before the king of Gath. Nebuchadnezzar, the Babylonian king, suffered from a mental disorder named, by the writers then, Lycanthropy. When driven from his palace, he roamed around with the beasts of the field and hair like that of the beasts grew upon his body.

The question naturally arises why such disorders should be visited upon mankind. It is only within very recent

times that irrational superstition has given way to more rational ideas and that our knowledge relative to insanity has made much progress as it has in other branches of medicine. The questioner can now be answered more intelligently. We now recognize it as a condition depending upon disease or injury of the brain as any physical disease is the result of disordered action of any other organ of the body. The insane person is now, as any other sick person, the recipient of wholesome care and treatment. In conditions that develop insanity, the mind is acting through a diseased brain with the result of perverting one or more of the mental faculties in variable degree and extent. The mental faculties liable to be thus affected are the attention, memory, perception, ideation, the will, the consciousness and the emotions.

When we take into consideration the delicate structure, the complicated organism and the constant activity of the brain the seat of the mind and the liability of its functional derangement, disturbance of nutrition and organic changes, its susceptibility to toxic agencies and well recognized infections, disturbances of mental integrity should not occasion surprise. Luke expresses it in this way, "If the mind has an organ through which it acts that is subject to the same laws that regulate other viscera, it follows that its development may be arrested, its functions disordered and its action suspended through natural causes."

The history of the care of the insane is full of interest. During the dark and middle ages lunatics were allowed to wander at large exposed to all the cruelty that their defenceless condition made them liable, but this was much preferable to the care they received when they happened to be confined in a madhouse as it was then termed. Chains and dark dungeons were among the ordinary discipline of those places. Even in more modern times and until the advent of the present century no more regard was paid to the humane treatment of the insane than in any of those earlier periods. Asylums for the insane through all those centuries were far more vicious and less humane than the worst kept jails of today. Mental disorders marked by delusions were never thought of as being the result of disease processes. The service of physicians in mental disorders were not thought to be of any value. Greater

confidence was reposed in conjury and worthless potions.

The first real measures tending to a reform in the care for the insane were made in 1750, when a department for the insane was established in the Pennsylvania Hospital. A system of non-restraint was then adopted. This plan was accepted by Dr. Pinel in France in 1792. England then began slowly to give a little attention to her insane. The prevalent ignorance and superstition were being gradually put aside. Progress along this line was made slowly during the first half of this last century, especially so far as professional medical treatment is concerned.

Science is now freely exploring this heretofore neglected field. The worker in the laboratory has within the past fifty years been tracing cause and effect in this direction in a similar manner with that he pursues in the study of other disease processes that come under the constant attention of the general practitioner. Through diligent research work decided advances have been made that enable psychiatrists to more distinctly diagnose and treat the diseases that affect the brain and central nervous system. Careful attention is given in this work to the effect upon the nerve centers, of specific infections, general toxæmias, brain tumors, emotional strain and hereditary and environmental influences. In the matter of treatment, all of the means within the reach of physicians are being brought into use including selected medicines, hydrotherapy, serotherapy, electrotherapy and hygienic environment. These forms of treatment represent a long contest of science against superstition and ignorance.

There is but little information on record respecting the institution of hospital care for the insane. In our State only this much can be learned. In 1838, the president of the State Medical Society presented a forceful paper importuning the profession to recognize the urgent need then existing for organized care and treatment of the State's insane. Following this appeal an organized effort was developed which resulted in the completion of the Trenton Hospital in 1847. According to the United States census, insanity prevails in this country to the extent of one to every 500 citizens and that New Jersey has over 8,000 persons within its limits suffering from some form of

mental disorder or one insane person to every 375 of its population.

On the borderland between internal medicine and psychiatry lies a large group of cases that are more frequently met with than any other form of mental or nervous disorder. They are termed the psychoneuroses. We find in them all kinds of emotional and instinctive disorders with repressions and reflexions from or into the physical parts. As a result of disturbances of the instinctive processes there are likely to arise emotional flurries that are accompanied by many symptoms of some functional physical disorder. Our experience with these cases has been to learn that all the early therapeutic treatment they had received was directed to the relief of the physical symptoms alone without any effort to control the fundamental instinctive emotional and environmental causes. We would encourage a stronger interest on the part of the general practitioner in these cases. We cannot but think that the day is now when the physical and the psychical should be taken into close correlation in the decision of our therapy.

A careful study of organic processes teaches the binding connection that exists between states of consciousness and special organic conditions whether we have in mind normal or pathological conditions. We will get farther along in our study of the subject by a close adherence to the law of psycho-physical parallelism, by which every state of consciousness is adapted to some special physical activity without which it could not exist. Disordered activities of the mind differ from the normal ones only in that the organic processes are not the result of internal and external forces acting on the organism along the usual paths, but acquire a difference through the intervention of unusual and disturbing influences and to their being carried in altered tissues. A clear perception of mental diseases can only be reached by careful observance of the psychiatric symptoms along with the physical conditions that may be in evidence. In this way psychiatry may become, as it should, a recognized branch of general medicine.

Disturbances of the mental faculties are often produced by many general systemic diseases. These however, on account of their soon passing away, being slight in degree and associated with some particular disease are thought of as func-

tional disturbances and leave no permanent damage.

Fear and worry are disturbing influences. Fear may be said to be the effect upon the mind of the representation of injury or the perception of danger through stimulation of the distance receptors sight and hearing and from physical contact. Worry is a succession of fear states and, if there is no motor outlet, acts with a pernicious influence upon the neuropathic organism.

Normally one adapts himself to real conditions by a regulation of his desires with the circumstances about him. In this he shows a high level of conduct. The less one can control his instinctive impulses by activities, the more he tends to become unbalanced. Delusions would seem to be the result of failure in adjusting one's self to his environment without efficient action on his own part.

We notice that many, in their study of heredity, believe that the transmission of a neuropathic constitution consists in the manner of a trait which is recessive to the normal condition, and that about thirty per cent. of the general population carry a neuropathic taint from their ancestors and may transmit it to their children. We feel that close attention should be given to the transmission of innate tendencies as well as to the effects of predominant physical types.

A man is the result of two combinations of tendencies, those that are in-born and those that influence him from without. We have found that environment will strongly influence the type as well as the tendency through example and imitation.

The correction of faulty development by the early observation of nutritional failures in children is a matter of importance. The effects of proper food upon the growing child cannot be too strongly emphasized. It formulates his future life largely. The need of nutritious food and appropriate environment, during the plastic period of life, in the development of a strong mentality, should be firmly impressed upon those responsible for their care. The every-day life, when disturbed by vicious surroundings, brings a severe strain upon the mentality and nerve forces.

Education often stands a firm aid to heredity as an individual predisposing cause. Wisdom should be exercised in directing the education of every child.

Unlimited rushing through school is a notable predisposing cause among neurotic children. They should be educated in line with their ability to withstand the physical ordeal.

The acutely sick, the feeble-minded, the criminal, the pauper, and the neurasthenic should be included among those in the borderland. Psychic factors are met with in these cases every day. They may not seem to warrant much attention but the failure to recognize and treat them may result unfortunately.

Peculiarities of disposition and conduct can be often traced to a defective physical mechanism. The importance of the ductless glands and the influence of their internal secretions on the bodily functions, may be frequently seen in the primary production of abnormal types which do not fit into the social fabric. They are types of biological misfits. The sympathetic understanding of these patients will yield us a therapy that will correlate the innate tendencies with their proper outward adjustments.

Mental disturbances are frequent during the age periods of life, especially at adolescence and involution. We are inclined to believe that they are due to disorders of the physical equipoise and the internal secretions of the ductless glands working in many cases upon a weak inheritance.

The human nervous system must be considered as a single and solid entity and the brain as its controlling center. It is the adjusting and regulating mechanism of the body and directs all its doings with others. The brain is the seat of the mind through which one thinks, acts and acquires knowledge. Similarly to other organs, it is subject to disease and to the varied jolts and trials of life. When morbid changes induced by some organic disease or a nutritional disturbance interrupt the normal action of the brain, some mental trouble is likely to follow. It may be said then that decided mental changes are symptoms or evidence of some physical disorder somewhere.

There has ever been in the popular mind, in the consideration of a mental disease, a feeling akin to mystery as to its nature which is not yet wholly removed. Mental disease is not an infliction of a mysterious nature. It should be studied and treated as we do any physical disease.

Nearly every physical disease is accompanied by mental symptoms. For instance, they are often indicated in the early stages of cardiac disorders. Slight valvular disturbances, as yet unnoticed, may produce emotional effects of depression, anxiety and fear. Psychic symptoms are likely to attend the appearance of organic heart lesions. The principal clinical feature observed is the anxious depression accompanying the sudden onset and the very irregular course.

The problem of mental disease is a far-reaching one. It should receive more attention than has been yet accorded it. Insanity should be looked upon as a form of disease rather than a dispensation of Providence. The need is to have at hand a practical test by which we can decide individual cases. So long as a man can make his actions and his words conform to the general idea, his responsibility and right to personal liberty should not be questioned. A fair and sufficient test for practical purposes may be found in the person's competency to discern between right and wrong and in his ability to exercise self-control. We now sit down and study them as we do other diseases.

From these studies, the practical conclusion has been reached that the number becoming insane from causes that are beyond control is tending to decrease while the number from causes that are avoidable is gradually increasing. Those interested in matters pertaining to the welfare and the best needs of those bereft of reason might wisely extend their thoughts into the realm of avoidable causes and the appropriate preventative measures that may be suggested for their control. Although much has been learned, there yet remains much that may be learned. The saving grace of common sense is as necessary for the mind as is the grace of morality for the soul. Physicians are active and successful in saving bodies, let it be realized that minds can be saved as well. There is a general movement astir promoted by health boards, that prevention is the best remedy for many diseases. Let a similar effort be made toward the prevention of mental diseases. Far better prevent them than to hold sentimental clinics and experiment with all the ancient quackery that has been devised for the making of fools out of idiots.

Insanity has become more noticeable by the general advance of morality and

right thinking in the community. Practices which a century ago were so common as to be passed without notice, are now looked upon as giving evidence of insanity. The standard of sanity is higher at the present day.

There are many bodily ailments given as inciting causes of mental disorders which have been overcome. Many of these are controllable by the proper means used at the proper time. One of our city hospitals has given the proportion of such avoidable causes as fifty per cent., and says that the increased number becoming insane every year is due to the activity of these tolerated avoidable causes. The question how far the principles of proper living and avoidance of the causes of mental and nervous failure would act as a preventative could well be made a subject for study by the community. All interested in training the young and those occupied in influencing social customs and ways of living might well consider these means of promoting the public health.

A study of this question will not require the use of scientific preparation, but whatever may appeal to the common sense of a general observer from his own standpoint in every day life would be an important contribution to the subject.

It is now conceded that many bodily diseases are preventable and that certain ones have been actually stamped out as witnessed by the extinction of yellow fever in Cuba and Panama. The increase of mental diseases can also be checked through the timely interference of preventive measures.

My experience and observation assure me that many mental diseases are the result of inciting causes becoming active through a predisposition largely attributable to heredity. A history of hereditary taint was obtained in forty-two per cent. of the whole number admitted one year at our hospital. All the human race are not susceptible to mental breakdown. There are family lines that possess a nervous makeup which is practically invulnerable, but there are many who when business reverses, disappointments, worry, grief, home troubles and forms of general ill health come upon them, may develop the latent inheritance factor into activity. More than a proportional increase of cases seem to occur among the wage earning and middle classes, who do not procure proper rest or treatment when a warning comes. They resist the

depressing influences that attend hard work and monotonous toil and often, without rest or proper food, they expend their reserve strength and collapse.

An infectious disease, unrecognized by the state, should enjoin our serious attention as a direct factor. It will invade the nerve centres even when there is no predisposition, and develop directly the most serious forms of insanity. Restraint should be placed somewhere that the wide spread influence of heredity might be lessened. There is now no legal restriction against the worst defective marrying some one similarly gifted and charging the resulting offspring to the community.

A thoughtfully devised system of the known preventative measures, wisely and firmly enforced would materially reduce in one generation the number of the insane and in two generations the problem of additional room for their care would no longer come up.

Society will eventually recognize these facts and take steps for its protection against degenerating influences. Preventive medicine is destined in the near future to relieve the human race of much suffering and sorrow. The state seems reluctant to take advantage of its opportunity.

Just a few thoughts now upon the treatment of these cases. There is no doubt that many might be restored to mental health by suitable treatment when rendered in an appropriate environment who, by remaining under unhealthful conditions without any treatment becomes permanently insane. Clinical experience shows that a fair percentage are restored to health and the restoration remains permanent in proportion to that in physical diseases.

The naturalist says the fittest only should survive the spirit of the Nazarene now pervading society, calls rather for a revival of the fitness to survive. Plato, who was representative of his day, and placed the highest estimation upon friendship, praised the physician who refused to lengthen the life of a defective. The present era breathes instead a spirit of goodwill to men of every degree.

These patients need to be returned, as far as possible, to a primitive condition of life that tends better than anything else to eliminate the influence of varied harmful stimuli incident to our modern

civilization that prompts nervous matter to abnormal activity.

Each case must be studied as an individual. No general plan of treatment can be adopted, even for the different forms. The definite condition in each case must be met, the pathological condition, if one exists, as well. The subjective symptoms cannot be relied upon as they may be in general practice. The line of treatment thus indicated should be promptly followed out even though there is, as there often may be, some insane interference interposed.

Little mental treatment is best at first. The most fitting time for this is when the patient begins himself to doubt his delusions and makes some endeavor to rectify his deranged ideas. Pathological conditions are often found involved in the case which barr the way to continued improvement. These are to be fully noted and overcome by the judicious use of the rational principles of medicine and hygiene. Waste products are to be eliminated, immoderate nerve force allayed and the nerve cells nourished. Other important procedures are rest and exercise, diet, hydrotherapy, massage and electrical appliances. A large proportion of the insane require a tonic treatment. The contest is often from the beginning between the tearing down and the building up process. A wholesome nutritious diet is here an important feature. When there is much depression accompanied by nerve exhaustion, the rest cure needs to be prolonged. Then massage should be substituted in place of exercise. Hydrotherapy has advanced notably as a therapeutic measure for its sedative and tonic effects. It soothes the sleepless ones sometimes when drugs fail and quiets motor restlessness.

Many cherish the popular view of insanity which mistakes the symptoms for the disease. They look upon the mental excitement depression or dulness shown by the patient as the disease to be treated. If depression or dulness be present, efforts should be made at once to cheer up and stimulate the patient; if motor restlessness or excitement are manifested, remedies should be administered to quiet him. The opiates, or hypnotics which are so often prescribed to quiet these patients only adds another toxic element to those which produced the disease. Some amusement, recreation, or a change in travel so often ad-

vised for the incipient case, only adds other strains to those already active.

We have endeavored to press forward the importance of utilizing the elementary facts of internal medicine in the treatment of mental diseases. My studies of deranged action of the autonomic nervous system and the diseases of the ductless glands, with their bearings upon the mentality, impress me with the close relationship of the brain functions with other organic activities.

Education in public health matters has lately made unusual progress. More information in regard to the nature and prevention of mental diseases might well be accepted and receive more attention than has yet been accorded it. We should be able to recognize the real condition of one who may be in the borderland of a psychosis and promptly discern those physical ailments that may be in him and the environmental influences about him which tend to mental unbalance. We may be familiar with the strange delusional ideas and emotional states of the fully insane, but we should also be able to recognize them when they appear in milder forms in the borderland cases. The physical and the psychical sides should each be observed and correlated in the diagnosis and treatment. With these problems well in hand our progress in the control of mental diseases must go forward.

CLINICAL CONSIDERATIONS OF BRONCHIAL ASTHMA.

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During the past few years there has been a renewed interest in bronchial asthma. This is largely accounted for by some attractive clinical experiments with foreign proteins, wherein it has been found that individuals who are sensitive to such proteins are liable to asthma. At first it was believed by some that all cases of asthma were merely expressions of protein sensitization; but, as large series of statistics are accumulating, it is admitted that at best in less than half of these is there any foundation for such a contention. Without for a moment under- rating the importance of this contribution

to the problem of the etiology of asthma, one can only add it to the long list of theories on this subject which heretofore have been advanced. Some of these, briefly, are as follows: Czerny¹ contended that asthma is a part of a constitutional condition that he called "exudative diathesis;" by which he meant a tendency to exudations, especially subcutaneous which results in urticaria, angineurotic edema, etc., and bronchial, which explained the peculiar sputum of bronchial asthma. Bramwell² quotes a then (1902) prevailing idea, held both by physicians and the laity, that asthma is a form of neurosis. Eppinger and Hess³ coined the term "vagotonia" and elaborated clinically on earlier experiments of Gaskell⁴ and of Langley⁵, who showed that the involuntary nervous system is normally held in balance by two opposing sets of fibers, the sympathetic, and the autonomic which includes the vagus nerve. When the latter becomes overactive at the expense of the sympathetic system, symptoms of a stimulated vagus are encountered such as a slowing of the heart, gastric hypermotility and hypersecretion. Since the constrictor muscles of the bronchioles are innervated by the vagus nerve, they also become overactive in this condition and bronchial spasm or asthma results. Adam⁶ published a book wherein he attempted to prove that asthma is caused by a disordered metabolism. Goodale⁷ attributed it to bronchial infection; Mathews⁸ to abnormal conditions in the nose; Knapp⁹ to what he calls "pyloric insufficiency"; whereas the plea for protein sensitization is offered by Meltzer,¹⁰ Talbot,¹¹ Walker,¹² and others.

When one considers that asthma occurs in still other conditions, as in chronic myocarditis (cardiac asthma), uremia (renal asthma), and mediastinal obstruction (thymic asthma), the obvious inference is that the asthmatic paroxysm is but a symptom of some underlying defect. It is, in a way, comparable to anemia which is a common factor to many otherwise unrelated conditions.

This is further borne out by a detailed study of a series of unselected cases of bronchial asthma; wherein it is found that many signs supposedly characteristic of this condition, such as emphysema, nasal abnormalities, eosinophilia and low blood pressure, are by no means constant. Such a study was carried on last winter in the wards of Bellevue Hospital

by the writer in conjunction with R. Paddock.¹³ Many clinical, biological, and pharmacodynamic studies were made in a series of unselected cases of asthma, but no one finding was common to all cases.

To treat bronchial asthma then, one must attempt to determine the underlying defect. This can by no means always be done. These cases however fall into two groups, with many on the border line embracing characteristics of both. The former comprises cases of so-called "true asthma," and will hereafter be referred to as such. This implies, that the paroxysms are typical as characterized by sudden onset, a markedly prolonged expiratory phase, the production of transparent mucoid sputum containing Laennec's pearls and eosinophiles, a distinct offset, and respiratory freedom between paroxysms. Much of this may be determined in a patient's history, and a careful physical examination makes this group more distinctive. To begin with, it is surprising to find the large number of instances of status lymphaticus that it contains. This is evidence of a constitutional defect and, according to Emerson,¹⁴ occurred in about eight per cent. of a large number of general autopsy subjects. Clinically it is difficult to detect in females, but in the male it is characterized chiefly by a transverse pubic hair line, absence of abdominal or thoracic hair, scant axillary and facial hair, a low brow line, a wide pelvis, prominently arched thighs, and a delicate smooth skin. Persistent thymus and a high lymphocyte count are not usually found in adults. About fifty per cent. of men with true asthma were found to present this condition. Further physical examination of this group usually fails to show marked emphysema and there may be none. In these cases moreover, the systolic blood pressure is, with rare exception, low; usually under 110 mm mercury, and frequently well under 100 mm, even in men of fifty years and over. Eosinophilia with an average of eight to ten per cent. is constant. The group likewise comprises the individuals who are sensitive to foreign proteins. Therefore, whatever be the underlying causes of bronchial asthma, a clinical group of cases is recognized which comprises several or all of the above named characteristics.

Opposed to this class of cases is a sec-

ond group which is quite distinct, and characterized by evidences of bronchial infection. In these individuals the paroxysms come on gradually with inspiration equal to, or exceeding expiration; and a prolonged offset which may or may not be complete. There may be days or weeks of "heavy breathing" which, at times, assumes the intensity of an asthmatic paroxysm. Cough is usually persistent, especially in the early mornings, and the sputum is thick, purulent, and contains few eosinophiles, but is rich in bacteria (sputum of true asthma shows remarkably few). Signs of status lymphaticus are infrequent. Emphysema is the rule and may be extreme. There is rarely eosinophilia, and usually a leucocytosis. X-rays of the chest show prominent bronchial markings which run far out into the periphery and are frequently reported tuberculous by the roentgenologist, but there is no sustaining evidence for this. Salter¹⁵ calls this type of case "asthmatic bronchitis."

As bronchial infection so frequently becomes superimposed upon true asthmatics, there are many border line cases which show characteristics of both classes. The paroxysms still may be typical of the first group but evidences of chronic bronchitis are pronounced. To recognize whether or not an individual is such an example, note should be made of the persistence of low blood pressure, signs of status lymphaticus, protein sensitization and eosinophilia.

The treatment of asthma is usually successful in proportion to the effort expended in the study of each case. When chronic cardiac, renal, and mediastinal cases are ruled out, the condition may be defined bronchial asthma, and thereby will fall in one of the two classes above. All cases of bronchial asthma deserve the following study which should determine to which group they belong, their treatment being directed accordingly.

A history of the case should emphasize antecedents. Most cases of true asthma give a family history either of a similar condition or of hay fever, urticaria, or angioneurotic oedema—signs of protein sensitiveness. The importance of this lies in prognosis, for where inheritance comes from both parents, the case is apt to be far more intractable than when the antecedent is single or more remote. Cooke and Vanderveer¹⁶ demonstrated this in their series of four hun-

dred cases of protein sensitization. A history of eczema, urticaria, hay fever, angioneurotic oedema and acute gastrointestinal upsets in the patient is also important; as the presence of any of these again suggests a condition of sensitiveness, and this gives a clue as to the underlying defect. Age of onset, duration in years, and seasonal incidence, all have bearing on the condition. Asthma in young children is almost always due to sensitiveness to foreign proteins, whereas onset in middle or later life is far more apt to be infectious. When the condition has gone on for years there is usually an attendant bronchitis and emphysema which complicates treatment. Seasonal incidence suggests association with pollenosis when attacks occur only in the spring and summer months. The mode of onset, offset and free interval, and information as to the character of the sputum help in determining the type of asthma. History of constipation, sinusitis, nasal discharge, cough, and neurotic tendencies are noteworthy.

The physical examination should be general and thorough. The presence of status lymphaticus, the nose and paranasal sinuses, the chest, lungs, heart and blood pressure demand especial attention. X-rays of the chest, blood counts, and sputum examinations for eosinophiles and bacteria should be done routinely. Whenever defects are revealed they should be considered as possible factors in etiology. Most cases of bronchial asthma show some distinct nasal abnormality, especially, markedly deflected septa causing obstruction, polyps and hypertrophied turbinates. It is deemed wise to have these corrected, for occasionally relief from asthma is permanent after this. Why this should be is suggested by Sluder¹⁷ who traces a reflex path from the nose to the bronchial musculature. These operations must not be overdone. A case that the writer has seen, had twenty-seven operations on her nose and was told to come back for more. The paranasal sinuses should not be neglected, for not infrequently cases of asthma due to infection have their primary focus here.

Next in importance to be ruled out is sensitiveness to foreign proteins. These proteins fall into three groups: the animal emanations, plant pollens, and foods. The patient will frequently tell exactly what induces his asthma. Driving horses,

proximity to cats, and association with hay fever are common stories. However, such proteins may be inhaled through unsuspected sources. The writer has had several cases sensitive unawares to chicken feathers, whose asthma ceased with a change from feather to hair pillows and could be reinduced by feather pillows. Again, rabbit hair is being used in pillows, and occasionally individuals are sensitive to this. Face powders contain rice and orris root as a base, and these may cause asthma in sensitive individuals. Recent investigations have shown the influence of these so-called "inhalants" upon asthma. Extractions from the dust from pillows, mattresses, and floor frequently have been found to contain the offending protein which was then subsequently run down. In adults it is these rather than foods which have been found responsible for many cases.

That some people are sensitive to certain foods such as shellfish, strawberries, etc., has long been known. That they are sensitive to proteins only, of these, which in turn may cause asthma, is a more recent contribution. The cereal grains especially wheat and rye, also eggs, fish and potatoes are common offenders. To detect which of these is at fault, skin tests are performed either by the cutaneous or intracutaneous methods. In the former, small abrasions, just sufficient to break the skin but not to draw blood, are made on the extensor surface of the forearm; and on each a small portion of the protein to be tested is mixed with its solvent, usually 0.2% solution of sodium hydroxide. A positive reaction is marked by a distinct wheal at least one-half centimeter in diameter, which when well defined is irregular in outline and extends pseudopod-like projections. The intracutaneous tests are done by injecting 0.02 cc of a sterile solution of the protein to be used into the skin through a number twenty-eight Luer needle. This causes a wheal which is compared to a similar control with normal saline, and comparative signs are noted. Here, too, irregular outline and increase in size indicates a positive reaction. In both methods reactions are read after twenty minutes.

The dried proteins are put on the market by various concerns. Some of these products are reliable and others are worthless. To detect whether or not a specimen is protein containing (many

are not), it is best to do a simple protein test, as a biuret reaction, on each sample. The best proteins are those home-made and standardized. Although much is written about sensitiveness to the proteins of bacteria, the writer feels that these are of very questionable value; and that their positive interpretation as a cause of asthma has not been substantially justified.

Having proven an individual sensitive by a positive reaction, actual treatment depends on the protein at fault. If it be one of the animal emanations or a pollen, the patient may be desensitized by small graduated doses of the protein. Caution is urged to begin with extremely small doses, else alarming symptoms may result. When one considers that an individual may have asthma while driving a horse, the estimated amount of horse dander that he breathes is extremely small. It is only the protein of the dander that is at fault and most of it is keratin, and harmless, as Woodhouse¹⁸ has shown; whereas the peptone and alkalimetaprotein, but a small fraction of the dander, is the sensitizing portion. The amount of this actually inhaled is infinitesimal. The same holds true for pollens. Therefore in giving subcutaneous injections which should cause no reaction, theoretically one should begin with very high dilutions. It is found that skin reactions are a good guide; wherefore successive dilutions of the offending protein are put on the skin, and the first subcutaneous injection is made with the dilution which gives no skin reaction. Under such treatment a considerable quantity of the protein is eventually tolerated without discomfort, and asthma becomes alleviated. This is especially true of the animal hair and the pollen cases. Unfortunately this cannot be done with foods excepting occasionally in children sensitive to eggs or milk, when careful feeding with these may lead to the same results. Otherwise dietary restrictions of the offending food gives relief. This frequently is a hardship. For example, wheat is difficult to sacrifice; yet the choice is wheat and asthma, or no wheat and no asthma, and the patient soon finds this out. Some individuals are multi-sensitive—intolerant to many proteins. These are difficult cases and good judgment in treatment is essential.

Occasionally, when no offending pro-

tein can be found, persistent search will yield results. This requires an intimate investigation of the patients surroundings, diet, etc.; and the extraction of protein from any suspected cause. Failure even then should not be ultimate. The writer has recently had case of a girl of fifteen years who had typical asthma, and proved negative to over one hundred proteins. Subsequent history revealed that her attacks came only on Saturdays and on Sundays. On other days she attended school. Her week-ends were spent in helping her mother about the house; and on Sundays, dinner was an event. By keeping her out of the house on these days and limiting her diet to that of week days, her asthma promptly disappeared. The etiology still remains unsolved.

The digestive tract, which is blamed so severely by some writers as the cause of asthma, probably does play a part in some instances. Patients habitually constipated and especially those who have evidence of intestinal fermentation, undoubtedly do better as these conditions become corrected. Whether their asthma in these instances be due to prolonged absorption of harmful foods, or of their split products to which there may be a sensitiveness, to absorption of formed toxins, or merely to thoracic embarrassment from intraabdominal pressure, is not established. That other conditions are directly responsible for bronchial asthma is probable. These include vagotonia, which is a constitutional defect as quoted above; and foci of infection other than sinuses and the bronchial mucous membranes. If these be present they should receive attention, but not much should be promised from a sweeping removal of teeth and tonsils.

In addition to the above measures, in cases of true asthma, it has been found that elevation of the abnormally low blood pressures distinctly improves the symptoms. The beneficial effect of epinephrin (adrenalin) was attributed to this, as rise in blood pressure and relief of asthma are simultaneous. It is thus argued that bronchial asthma may be due to an adrenal insufficiency; for had these patients sufficient circulating epinephrin, their blood pressure would be up and they would need none artificially to relieve attacks. Besides raising the blood pressure by this drug, it may be accomplished by graduated exercise. This

suggestion usually meets with protest from the patient, for exertion is a large contributing factor in bringing on attacks. He is therefore apt to sit at home, keep warm, and demand nursing; and thus soon becomes physically so out of condition that the least exercise brings on fatigue and dyspnoea which is interpreted as a beginning attack. If a patient is able to be up and about (and he usually is) he should be urged to take graduated exercises, even if it be but a walk of one block on the first day. This should be continued, but not to the point of inducing an attack. It is at times most encouraging to find patients improve under this regime where all other measures fail. As they improve, their blood pressures usually attain a consistently higher level.

In cases of asthma with bronchitis, vaccines made from the predominating organism in the sputum are often very helpful and, if properly made and administered, are the most effective measure in this type of case. These serve to check the infection, but, of course, have no influence on structural changes already present. Stock vaccines are usually worthless. To determine the predominating organism it is essential first to make a slide preparation directly from the fresh sputum, or sinus discharge, etc., and attempt to identify the prevailing organism morphologically, and then confirm it on culture. Many laboratories do not take this preliminary precaution and thus fail to make the proper vaccine. For instance, the bacillus influenzae may apparently appear in abundance on direct smear, and yet if grown on media without the proper reaction and ingredients for this organism, no colonies will grow and some secondary bacterium will appear to be the dominant one. Having the proper autogenous vaccine, it is essential that beginning doses be small. There is a tendency to begin vaccine treatment in dosage far too large. Whether to increase by weekly intervals or by giving smaller increments more frequently is an open question. It is best to give a course of vaccine treatment for two or three months and then withhold it for a time, this interval depending upon the patient's improvement. On resuming vaccine treatment, new vaccine should be made up as there is some evidence that original stains may alter their immunizing characteristics.

As for medication, the drug par excellence to alleviate an attack is epinephrin. A first injection of no more than five minims should be given. Many asthmatics tolerate adrenalin poorly and, although not dangerous, it may cause very unpleasant symptoms—tremor, headache, throbbing, and nervousness. The blood pressure may rise 60 mm mercury in a few minutes. Some patients declare that the cure is worse than the attack. A good index as to whether or not a patient be intolerant of this drug, is blood pressure. Those with lowest blood pressure react most. As this cannot always be taken in an emergency, it is wiser to try small doses which frequently are quite as effective in stopping attacks as are large amounts. Adrenalin, and adrenal gland by mouth have not proven effective. Adrenal residue, an experimental laboratory product also taken by mouth, has been of decided value in the few cases in which it has been tried; and it is understood that this will be on the market. Adrenal acts by stimulating the sympathetic fibres which oppose the vagus and thus cause bronchial dilatation.

Atropine is also helpful, as this paralyzes the vagus nerve endings in the bronchioles. It is not as effective as adrenalin and must be given in doses of gr. 1-75 to gr. 1-50 to relieve an attack. On the other hand tincture of belladonna in small doses, about five minims three times a day, frequently is helpful; and is the basis of many commercial "asthma cures." Asthmatics are often sensitive to this and after very few doses complain of hazy vision (dilated pupils) and a dry mouth.

Asthma powders have stramonium as their base and when burned and inhaled usually give decided relief.

Other drugs such as spirits of nitrous ether, lobelia, and liq. potassii arsenitis are used in various combinations as "asthma mixtures."

Morphine should be used only on the rarest occasions, as carelessness with this drug soon leads to habit.

It may be concluded that the prognosis of bronchial asthma is always uncertain. Much depends upon age, etiology, and structural changes as noted above. In no circumstances is it fair to promise a cure. A small proportion of cases have been permanently relieved. About an equal proportion obtain no relief what-

ever. The majority receive substantial benefit from treatment herein outlined, when it is diligently applied.

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SPORADIC CRETINISM (INFANTILE MYXEDEMA.)

Report of Four Cases.

By Hyman I. Goldstein, M.D.,

Camden, N. J.

It is unusual to have several cases of sporadic cretinism under one's care at one time. All the four cases here reported occurred in girls, born of Jewish parents. All four, showed typical cretinoid symptoms and the wide space between the prominent great toe and the next little toe, to which I have called attention. Three of these cases showed marked improvement under **thyroid treatment**. Each of these cases was the only cretin in the family; three of the cretins and their parents, in whom Wassermann blood tests were made, gave negative results. In the case of G. W. (No. 2) there were two epileptics and a goitre on the father's side. In the case of D. B. (case No. 4),

there was a feeble-minded, depressed brother and a highly nervous and neurasthenic mother. None of the parents were related prior to marriage, consanguinity was therefore not a factor in any of the four cases.

Heredity probably played an important role in two of the cases (Nos. 2 and 4.)

Syphilis was not a factor in any of the cases. In (cases Nos. 1, 2 and 3) all but one of the cases—the children in the families were all well. No goitrous parents or goitrous brothers or sisters were present in any of the four families, except the instance of the father's sister in case 2. All but one (case No. 1) of these cases were American born, and none of the families came from **goitre or cretin districts**. None of these families are related.

Three of these patients were treated gratuitously and owing to their inability to have proper attention, results while very good, were somewhat slow.

One of the cases (No 2) was first seen when a baby, aged 14 months (nine years ago), at which time I made a diagnosis of cretinism.

Another of the cases (No. 1) was first seen in 1911, at the age of 10 years, and was one of the most typical and fully developed cretins I have ever seen. She had never had treatment for the condition, and although 10 years of age, could not talk, and was only 34 inches in height. She had a large thick protruding tongue, and a bloated appearance of the face and a protuberant belly.

Definition: Cretinism or infantile myxedema is a chronic disease of nutrition due to loss of, or impairment of, function of the thyroid gland, and appears at any time between birth and puberty; after puberty it is known as myxedema. It causes retardation of development in the sensory, motor and trophic nervous systems, leading to a retention of an infantile state, and to an extraordinary disproportion between the different parts of the body—the brain, bones, skin, mucous membranes, and generative organs suffering most. Symptoms: These depend on the length of time the disease has lasted, and the age at which the affection has developed, but mainly on the degree of involvement of the functions of the thyroid gland. Girls are more often affected than boys. All my cases occurred in girls. Cretinism is very rare among the negroes.

Signs and Symptoms: The nose is especially wide in Mongolian idiocy and cretinism. A depression at the root of the nose in **infancy** is against syphilis (it may be due to syphilis, in later childhood). The tongue may be congenitally enlarged (malformation), but is more often seen in cretinism as a thick, grooved and fissured protruding tongue. The tongue is also enlarged in Mongolian idiocy in childhood, but **not in infancy**. The neck is short and thick in cretinism.

Given a patient showing retarded mental and physical development, stupid appearance, yellowish or brownish pallor, coarse hair, thick, dry (scaly) skin; fat pads on back of hands, supraclavicular and supraspinous regions; some lordosis or kyphosis; delayed dentition; difficulty of speech; thick, horse, deep voice; inability to talk for the first 5 or 6 years, beginning to walk late; thickening of the skin of the extremities; broad, flat nose (retrouse); large thick urde tongue, short legs, short wide, spade-like hands, with short "stumpy" fingers, apparent absence of the thyroid gland, thickening of the long bones of the extremities, subnormal temperature, comparatively slow pulse, low basal metabolism and the enlarged and protuberant abdomen—the only possible diagnosis is **cretinism**. There are cases, however, which resemble **Mongolian idiocy** very closely, and in a few cases the diagnosis cannot be made with certainty. Thyroid treatment may be necessary as a final (therapeutic) test. Cretinism must also be differentiated from chondrodystrophia fetalis, fetal rickets, osteogenesis imperfecta, hydremic anemia, Gull's disease (myxedema) cachexia strumipriva (post-operative myxedema), hypothyreosis and athyria (congenital myxedema or Pines' thyreoaplasia), infantilism and lipomatosis universalis.

The cretin is apathetic and does not recognize his parents (when young) and sits about with apparently no interest. It exhibits no particular desires—except for food, when hungry. It cries when thirsty or hungry. Cretins are usually good children and do not cry. The cretin has to be fed until quite grown up. Memory is deficient. Cretins do not sweat, and have no secretion from the sebaceous glands. There is constant drooling from the wide-open mouth. General physical examination of the heart, lungs, spleen, liver, etc., is usually (normal) negative.

Etiology.—All forms of cretinism are

due to absence or atrophy of the thyroid gland, or to disturbance of its function. Heredity may be a factor. Alcoholism and syphilis, and various nervous diseases in the parents or families of the father or mother, or goitrous parents, are factors suggested by some authors.

Fischer thought in his own cases psychological disturbances in the mother, worry and fright seemed to have some etiological relationship to the development of myxedematous idiocy or a form of idiocy associated with pachydermatous cachexia (cretinism). In some instances it is associated with goitre.

Pathology: Packard and Hand (a contribution to the pathological anatomy of sporadic cretinism: *Am. J. M. Scs.* 122: 289, 1901), describe the atrophic thyroid in sporadic cretinism. They found thickened arterioles and calcareous degeneration. Hess and Schultze in their excellent article on *Keratitis Diffusa Fetalis* (*Am. J. Dis. Child.*, XXI, No. 4, pp. 357-388, April, 1921), state that the appearance of the thyroid gland in ichthyosis congenita is quite like the gland in sporadic cretinism, and that cretinism keratosis fetalis, and fetal athyrosis of pigs are characterized by marked cutaneous changes. Thyroid feeding seems to have done some good in the treatment of ichthyosis.

The most marked changes is seen at the junction of the epiphyses and shaft. In some of the autopsies fibrous connective tissue seems to appear around the epiphyses, forming soft, white deposits. Ossification of bone from membrane, and especially from the periosteum, is exaggerated, and the bones may become abnormally thick. Osler has not been able to confirm the abnormal thickness of the bones, as described by Klebs. Langhans states the bones grow very slowly in length, and the epiphyses remain flat, ossification proceeds very slowly, and periosteal growth is not much disturbed.

Prognosis: Cretinism is of itself never a fatal disease. Treatment, must, however, be continued throughout the life of the individual. If treatment is discontinued, children will go backward at once. The prognosis in great measure depends on the age at which the diagnosis is made and thyroid therapy is begun. There are no doubt numerous cases in infants and young children showing slight cretinoid symptoms and signs that go along undiagnosed, just as there are

cases of early or slight (mild) myxedema that are not diagnosed correctly. The typical well-developed cases are easy of diagnosis, the early mild cases are often overlooked.

Treatment: Consists in giving thyroid extract—beginning with $\frac{1}{2}$ of 1 grain 3 times a day. The weight of the child, the pulse rate, and the temperature should be watched and carefully noted. The urine should be examined. Murray (1891) advised thyroid therapy and he was the first to use an injection of a glycerin extract of thyroid in cretinism. Mackenzie (1892) and several others began to use thyroid by mouth, with good effects.

Baumann's thyroidin or iodothyron (1896) may be tried; implantation of thyroid may be tried, but very few successful results have been reported. The raw thyroid gland may be used. Kendall's thyroxin can now be administered as the active principle of the thyroid.

In styria (1907) the cretins (endemic) were treated with thyroid and all were improved. The earlier the treatment the better the results. Physical improvement is more marked than mental. Some treatment with thyroid must be continued throughout the life of the patient. Eysselt, however, states that in most cases (endemic cretinism) the cure that is effected by thyroid, is lasting without further thyroid treatment, this is not in agreement with other authorities. Braumann reports 3 cases of myxedema, two of which also had cretinism. Transplantation of thyroid was done into the bone marrow and all 3 cases were very much improved in every respect seven to nine months after the operation. Neosalvarsan, iodides, mercury and iron and arsenic cod liver oil, etc., are given as and when indicated.

Author's Cases.

Case 1, Freda H.—This patient I first saw June 13, 1911. She was then aged 10 years, weight 45 $\frac{1}{2}$ pounds, 34 inches high. She had a protuberant abdomen, drooling mouth, **widespace between prominent great toe and next little toe**, large head, flat nose (retrouse), bloated large round face, short fat arms and legs, short "stumpy" fingers, pads of fat in supraclavicular regions, and skin was thick and dry, the hair was coarse, sparse and dry—in other words, she gave the typical appearance of a well-developed case of cretinism that had not any thyroid treatment.

Mother noticed the child could not walk, nor talk and continued to be stupid. She did not begin to have her teeth till quite late. At 10 years, she was unable to talk, and she began to walk around chairs at 6½ years. Two brothers and 2 sisters were apparently all well. Mother was a nervous woman. No other cretin in the family and no goitres in any member of the family. This patient was the most typical, fully-developed case of cretinism or myxedematous idiocy (congenital myxedema) that I had ever seen. The skull was full and **wider behind** than in front (narrow). Her features were flabby and thickened—the thick lips, drooping eyelids, open and agaping mouth; lolling, enlarged, wide, thick tongue protruding from the mouth, and drooling saliva were peculiarly typical. She had a short, wide lipomatous neck and some lordosis. She showed some affection for her mother and made an effort at smiling or grinning. Thyroid was not palpable.

On June 18, 1911, she struck her heel with a rusty old nail, that was neglected, and resulted in a very badly infected foot—that necessitated incision, evacuation of the pus and drainage. She was treated later at the hospital. During 1912 to 1918, while living in Philadelphia, she was treated from time to time at the Neurological Dispensary, University Hospital (Dr. W. G. Spiller's service). She received thyroid extract, beginning with one grain 3 times a day, later increased to 3 grains 3 times a day. Improvement was marked. She increased in height, was able to answer some questions intelligently, and began to have a brighter and more intelligent expression. She lost some of her squatty appearance, and the tongue was kept in the mouth; she recognized different people she had not seen for some time, and then began to go to school. She is now about 20 years of age. She has removed to Milwaukee with her people, and I have just written to find out whether she has her menstrual periods regularly and normally.

Case 2, G. W.—When first seen she was 14 months old. A fat little white baby—she had a large bloated face; flattened nose, thick lips, **large protruding tongue**. Constant drooling was present. Child could not walk, dentition was delayed, the expression was dull, stupid and fatuous. The abdomen was protuberant. The skin was dry, harsh and thick, pallid and

waxy. The eyelids were puffy and heavy, the eyes had an oriental slant of slight degree. Constipation was obstinate. The hair was coarse, straight, sparse and strawlike. Normal non-instrumental delivery; easy labor. She is now 10 years 3½ months old (born Dec., 23, 1910).

Mother "was sick all over" during the pregnancy with this child. She was 34 years old when pregnant with the baby. She had no miscarriages and had not been pregnant since birth of this child. She had not been pregnant for twelve years prior to the birth of this child. She had three other children before the cretin, all normal. One daughter, who is now 22 years old is quite stout and short in stature and has a husky deep voice. Three of the children (all living) were girls, and one was a boy, who died at one year from pneumonia complicating measles.

Mother noticed the baby (the patient) had no teeth and could not walk nor stand, and was very destructive—threw things around, upset chairs, dropped glasses, without realizing at all what it was doing. She had her tonsils removed at 5 years of age, had influenza in 1918, otherwise she has been pretty well. She can now count up to 30 or 35, can spell and write the words rat, cat, dog, etc., and is now able to answer some questions intelligently. The parents were born in Southern Russia. Father's sister has a large goitre. Father's first cousin (mother's brother's son) has epilepsy, and father's maternal brother has epilepsy. Patient's father is now 48 years old and mother is 44 years. Mother began to menstruate at 16 years, and she is quite stout. Patient was a bottle-fed baby. She received some treatment up to four years ago. Thyroid was begun again two weeks ago, 1 grain twice a day, increased now to 1 grain t.i.d. In 1915-1917, she was given some very small doses of thyroid, also small intramuscular injections of neo-salvarsan, and iodides by mouth—by a Philadelphia neurologist.. **General examination** is negative, except for a faint murmur heard at the apex and slightly transmitted to the axilla. Shows all the typical signs and symptoms of cretinism.

Blood Wassermann Tests—Child, negative; father, negative; mother, negative.

Measurements: Height 47"; weight, 60 pounds; head (circumf.), 19"; neck, 11⅞"; vertex to symphysis, 25"; symphysis to floor, 22"; waist, 25½"; overcrests of

ilia, $1\frac{1}{2}$ "; below umbilicus, $27\frac{3}{4}$ "; chest, $24\frac{1}{2}$ "; length of hands, 5"; middle finger, $2\frac{1}{2}$ "; arm, tip of shoulder to tip of middle finger, $20\frac{1}{4}$ "; wrist, $5\frac{1}{2}$ "; foot, 8"; ankle, $7\frac{1}{8}$ ".

Blood count: R. B. C., 4,200,000; hemoglobin, 86% (Dare); color index, 1.02; W. B. C., 8,400 per cu. mm. **Differential**—(300 cells counted): Polys., 54%; baso, 0.6%; eosino, 54.6%; small lymphs., 38%; large mono., 0.47%; large lymphs, 6%; trans., 1%-45.4%.

Urine Analysis: Pale amber, clear, acid, no sediment, occasional hyaline cast. Few epithelial cells (large and flat, small and round); no sugar, no albumin. Nothing abnormal except an occasional hyaline cast.

Case 3, Lillian L.—White female child, aged 9 years. Normal birth. Had hemorrhage from umbilical stump. She was delicate since birth. She could not hold up her head till 2 years of age. Teeth began to erupt at 3 years of age; she began to walk at 4 years. She commenced to talk at $7\frac{1}{2}$ years of age, after taking thyroid extract for 5 or 6 months. **Mother** of patient has ten children living and well. She had no miscarriages. Patient had pneumonia (?) when six months old, otherwise always well, except for an attack of measles at 2 years. Her tonsils and adenoids were removed last year. Mother states child had a "double row of lower teeth"—and six teeth were extracted. **Examination** shows a typical and fully developed cretin—with the characteristic hair, nose, tongue, hands and feet. She has the wide space between the prominent great toe and next little toe. The photograph shows this very clearly. Her weight is 47 pounds. Height, 43 inches.

Urine Analysis—Acid, S. G. 1.020; urea, 1.9%; 9.5 grs. urea in one fluidounce, no albumin, no sugar, moderate amount of indican; no casts; many pavement-form epithelia; few W. B. C., little mucus; no crystals. (1-22-1921).

Measurements—Vertex to symphysis, 23"; symphysis to floor, $20\frac{1}{4}$ "; abdomen, 23"; left wrist, $4\frac{3}{4}$ "; right wrist, $4\frac{7}{8}$ "; neck, 11"; circumference of head, 19"; stretched out arms full length, $40\frac{3}{4}$ ".

Blood Wassermann Tests: Father, negative; mother, negative; patient, negative. **Blood count**—R. B. C., 3,500,000; W. B. C., 6,600; Hb. 70%; color index, 1 **Differential**—Polys, 50%; lymphs., 39%; mononuclear, 5%; eosins, 1%; trans, 5%.

Urine—S. G. 1.025; no sugar; no albumin; no casts (4-4-1921).

Case 4, Dorothea B.—White girl, aged 6 years. Had "summer complaint" when one year old. Her brother now 24 years of age is feeble-minded and mentally depressed. Mother is highly nervous and neurasthenic and "always ailing" with "headaches, nervousness," etc. Mother's blood **Wassermann is negative**. **Child's Wassermann blood test is negative**. **Blood count**—R. B. C., 3,730,000; 7,800 W. B. C.; color index, 0.9. **Differential**—Polys, 45%; lymphs, 48%; mono., 3%; baso, 1%; eosino., 1%; trans., 2%; hemoglobin, 70%.

The patient was born April 10, 1915. No forceps used, but the labor was difficult (version). The child "voids urine every 5 minutes," "the whole night and the whole day long." Mother states she was married twice, her second husband, the father of this cretin, is also the father of the feeble-minded boy and that she had two miscarriages (with this second marriage). The 3 children she had with her first husband were all normal. If there is any hereditary taint in this patient, I believe it probably comes from the father's side. This girl looks somewhat like an ordinary imbecile. However, she has the dry, coarse (sparse) hair; dry, thick skin; large, thick, protruding tongue; flat nose, thick lips, and the wide space between the prominent great toe and next little toe.

Measurements—Height, $40\frac{1}{2}$ "; circumference of head, $18\frac{1}{2}$ "; neck, 11"; vertex to symphysis pubis, $23\frac{1}{2}$ "; symphysis pubis to floor, 17"; chest, $24\frac{1}{4}$ " over nipples; tip of shoulder to tip of middle finger, $16\frac{1}{2}$ "; wrist, $4\frac{3}{4}$ "; wrist line to tip of middle finger, $4\frac{1}{4}$ "; inside leg measurement, 17"; ankle, $6\frac{1}{4}$ "; waist over umbilicus, $22\frac{1}{4}$ "; length of foot, $6\frac{1}{2}$ " (tip of heel to tip of great toe). The mother is not very much interested in the progress of the patient, and I therefore do not expect very good results from the irregular thyroid treatment that the child may get. The child cannot speak at all, and is not able to care for herself in the least.

(**Urine**—S. G., 1.030; acid; few W. B. C.; no casts, no albumin, no sugar.)

Alcoholic Patients Fewer.—A report recently submitted by the superintendent of the Middletown State Hospital, Dr. Maurice C. Ashley, states that several years ago 8 per cent. of the patients were alcoholic, while at present not even 1 per cent. can be placed in that classification.

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N. J., April 26, 1921.

By **Frederick M. Allen, M.D., Director.**

The Physiiatric Institute, for the investigation and treatment of metabolic disorders, was established at Morristown in July, 1920. The interval since that time has been a period of preparation and endeavor. Patients have arrived in increasing numbers from the outset, thanks chiefly to the cordial support of the medical profession. There is no need of hiding the fact that funds have been seriously deficient for the heavy expenses connected with obtaining the site and the initial improvements and equipment, and that the development of plans for both research and treatment has been hindered by this cause. A point has finally been reached, however, where the permanency of the Institute seems sufficiently assured and the organization and material facilities are sufficiently developed to warrant the ceremony of the formal opening which has been set for today. We have invited as guests on this occasion members of the medical profession of New Jersey and neighboring States, our patients and their friends, and other interested persons, including our neighbors here in Morristown. The speakers on the program may be regarded as representative of three such groups. Dr. David C. English, the editor of the New Jersey State Medical Journal, has consented to express a welcome in behalf of organized medicine, and it is regretted that the president of the State Society was prevented from being present in addition. Dr. E. P. Joslin of Boston, who has treated more diabetic patients than any other person in this country, is well qualified to speak in their behalf, especially as the form of treatment used here received its first impetus through his endorsement and has been most widely introduced through his writings. Dr. Henry S. Pritchett, the president of the Carnegie Foundation, may be regarded as a representative of the public, particularly through his position as the head of one of the great philanthropic endowments by which laymen have contributed powerfully to the advancement of both general and medical education. It seems desirable in these preliminary remarks to give a brief explanation of the character

and purposes of the new Institute for the information of interested persons of all three classes.

1. Nature and importance of metabolic diseases.—The so-called metabolic diseases are those which consist primarily in disturbances of the bodily chemistry and glandular functions. Leading examples are diabetes, the large group of cardio-vascular-renal disorders, thyroid disturbances, cirrhosis and some other liver diseases, and disorders of the adrenals, hypophysis and other internal secretory organs. Cancer and some forms of nervous disease and insanity may later be added to this category, though at present their origin and nature are obscure. Apart from certain inborn abnormalities, the metabolic diseases are the consequences of damage or deterioration of certain organs occurring during the life of the individual, generally caused, according to the best modern theories, by infections. Not only major infections but also minor foci, as in the tonsils and teeth, sometimes furnish entrance to the circulation for bacteria or their toxins which attack vital organs, the results becoming apparent either immediately or years later.

The average of human life has been greatly lengthened by modern medical science, especially through the reduction of infant mortality and prevention of large epidemics. According to vital statistics, the average life-time in the United States in 1860 was 22.7 years, and has risen gradually to 38 years in 1910. The fact that it is still not much more than half of the Biblical three score years and ten is due partly to tuberculosis and various infections and accidents, but largely to the widespread prevalence of the metabolic disorders mentioned. The very rapid increase of these latter, as shown by statistics, has given alarm to public health authorities, but can to only slight degree be attributed to the strenuous life or any other faults of our civilization. For the most part it is explainable by two very simple causes; first, the disorders mentioned belong chiefly to later life, and for the reasons stated a greater proportion of the population now reach middle or old age; second, the improved methods of diagnosing these diseases now reveal a vast number of cases which heretofore have passed unrecognized.

The fact remains that these diseases are alarmingly prevalent. The diabetics

of the United States today are estimated in Joslin's textbook to number at least five hundred thousand, and as the diagnosis is still often missed, the number is probably considerably greater than this. Heart disease, the various forms of kidney disease, high blood pressure and arteriosclerosis are still more frequent, and the number of persons thus afflicted in the United States today undoubtedly reaches several millions! It is a conservative statement that the majority of the entire population may expect to suffer the consequences of some of these diseases either in themselves or in their families. They are the commonest causes of rejection for life insurance. Furthermore, it is frequently the leaders in all walks of life who are stricken down at ages when they should be at the height of their usefulness.

2. Treatment.—The general treatment of these diseases is by rest of the affected organ. In a few instances, such as heart disease, drugs are of some assistance; but no drug has any curative action for diabetes, kidney diseases or most of the others of this group. In a very few instances the deficiency of a gland is compensated more or less satisfactorily by administration of its substance or secretion obtained from animals. Mainly, the treatment of heart disease is by bodily rest, which relieves the strain upon the heart. When any organs participate specifically in the disposal of food, rest of their function is obtained by limiting the use of the foods with which they are concerned. Thus, in kidney disorders there is need of controlling the intake of nitrogen, salts and water, which it is the function of the kidneys to excrete. In diabetes it is necessary to restrict primarily carbohydrates (starches and sugar), and also all other foods which furnish calories to the body.

Modern developments have created problems in the treatment of both rich and poor patients. Notwithstanding the great number of hospitals and sanatoria offering the highest efficiency or luxury for the treatment of most medical and surgical ailments, it is a remarkable but easily verifiable fact that special diet and laboratory equipment have been neglected to such an extent that even the wealthy have difficulties in obtaining the benefit of the latest scientific methods for metabolic disorders. Americans of the more affluent class formerly flocked

by thousands to European, especially German, resorts, but these pilgrimages have been practically stopped by the war and by the American therapeutic advances which have made the German treatment an anachronism. Likewise thousands of diabetics and nephritics have heretofore congregated at various mineral springs throughout the world; but as information spreads and the public become aware of the worthlessness of mineral waters for these diseases, the places which exploit these superstitions must be replaced by institutions equipped to administer accurate treatment based on modern scientific knowledge.

These needs on the part of the rich are multiplied in the case of the poor. Contrary to general belief, the poorer classes suffer from their full share of diabetes, Bright's disease, high blood pressure and other ailments of this group. The diseases are chronic, and the dietary treatment is expensive. The accommodations in public institutions and clinics are notoriously deficient. A large proportion of such patients when treated and instructed by present-day methods can have their lives lengthened and their earning power wholly or partly restored. The existing conditions of preventable suffering and death constitute both an economic waste and a humanitarian reproach.

3. Scientific investigation.—Many examples may be cited to show that medical science generally advances in waves, a quick rush of achievement resulting whenever the way is opened by the necessary preparatory discoveries. The discoveries of asepsis and anesthesia were followed by the wonderfully rapid development of modern surgery. Bacteriology, within a single generation after the discovery of the causation of disease by germs, provided both the means for abolishing most epidemics and specific cures for several acute infections, notably diphtheria. Comparatively small and slow progress has been made thus far in the metabolic disorders, chiefly because of the recondite nature of the problems and the lack of adequate methods of investigation.

There are plain signs of a rapid and radical change in this situation. The importance of these diseases as causes of disability and death has drawn attention strongly to them. Chemistry and physiology have advanced to the point where

they now offer methods for attacking the problems. Physicians and investigators are turning their interest to these subjects as the coming field of medicine. Some therapeutic advances have already been made, but they are trivial in comparison with the possibilities of the near future. Institutions with suitable staff and equipment are as necessary for producing discoveries as are factories for any material product. Granted proper direction and organization, progress in knowledge can be assured practically in proportion to the financial support of the investigation.

Purposes and Organization.

The Physiatrie Institute was organized with a view to meeting the above needs. The name is derived from two familiar Greek roots, namely from *ovois*, nature, represented in such words as physics, physiology, and physician, and *iatpikos*, medical, pertaining to physicians or the healing art. The combination is meant to signify the application of natural laws and the natural sciences to medicine. This is the essential feature in all sound medical practice and progress, but it is particularly appropriate for the metabolic diseases. These have often been called constitutional diseases, because they are disturbances of the fundamental chemistry and physiology of the body. Also their treatment now consists chiefly in physical agencies, especially diet, and will probably progress in the direction of more potent physiotherapy rather than in the direction of any cure by drugs.

The institution is organized in three divisions, for carrying out its three principal purposes. To obviate legal and administrative difficulties, and to provide for separate use of funds, these divisions are in the form of separate but co-operative corporations, as follows:

The Physiatrie Institute.

This is the parent corporation, in the form of a stock company. It is operated and managed entirely by the scientific staff, as this arrangement is believed to conduce to the highest efficiency. The initial capital is obtained essentially through the sale of bonds to patients and other interested persons. The purposes are to conduct a first-class sanatorium for the more prosperous class of patients, and charge prices according to the accommodations furnished; to use the proceeds for the general upkeep of the entire institution, and to devote any surplus

to the support of the other two divisions named below. To this end a site has been obtained which is as nearly ideal as possible in natural and artificial advantages, and all requisite facilities for treatment, particularly in the form of diet kitchens and laboratories, have been provided and placed under the charge of a specially trained personnel. To this extent the undertaking is a philanthropy for the rich, and one of the reasons for its existence is the difficulty of many patients in obtaining suitable treatment irrespective of what they are willing to pay.

The Physiatrie Hospital Association.

This is incorporated as a charitable association, for the purpose of giving treatment to poor patients either free or at such reduced rates as they are able to pay. The necessary facilities are provided by the Physiatrie Institute either free or at actual cost, and the staff of the Institute care for the patients of the Hospital Association without charge. By this arrangement the charitable work is placed on a very favorable basis, as the only cost is that of the actual subsistence of the patients. Such patients are not admitted indiscriminately. By personal recommendations, chiefly from physicians, the attempt is made to avoid some of the abuses of free clinics. Also patients who are grossly unfit either mentally or morally, so that there is no hope of their following the treatment faithfully at home, are left to the care of other charitable organizations which are better equipped to manage them. There is a very numerous class of patients in reduced circumstances, some of whom may be uneducated but trustworthy of character, while others are of a high order of education and social standing but are impoverished through their disease. It is among these classes that the diseases in question cause some of the worst tragedies, which are largely preventable. It is the purpose of the Physiatrie Hospital Association to give such patients the same treatment as is offered to the rich, though on a less luxurious basis. They are kept for the necessary length of time, generally several weeks or months in severe cases, and before discharge are taught the full details of conducting their treatment at home. Also the new ideas of occupational therapy are applied by providing light work, as far as feasible, for patients who are not completely disabled. This serves a three-fold purpose:

it aids somewhat in the financial support of the institution, cultivates the self-respect of the patients and avoids the stigma of pure charity, and aids therapeutically by preventing them from becoming introspective and "hospitalized" invalids. A few such patients must be kept almost indefinitely, but the great majority recover some degree of working power, or at least become able to continue their favorable progress at home.

The Psychiatric Foundation.

This is also incorporated as a philanthropic association, and supported by the Psychiatric Institute and by gifts. Research is one of the principal objects for which the institution exists. The advancement of knowledge concerning these diseases and their treatment is regarded as even more important than the application of the methods now known. The special value of such an institution for this service is considered to be twofold. First, such investigation has heretofore been sporadic, according as certain individuals, hospitals or laboratories might happen to take it up or might obtain funds for doing so; but a specialized institution devoted to these problems will insure that they shall be pressed forward actively and continuously. Second, this work will not suffer from the conflicting interests of an institution serving a variety of purposes, but special facilities and a specially trained staff will make for the highest possible efficiency in this particular study. This investigation is to be pursued by clinical and laboratory work and by animal experimentation, which has demonstrated its indispensable value in this field. Such purposes are so important that, if the organization is actually efficient, the establishment of such an Institute should mark an epoch in the development of the subject.

Co-operation of the Three Divisions.

The activities of the three divisions are mutually helpful and their combination offers unique possibilities. The fees of the paying patients of the Institute furnish an important source of income, so that the charitable foundation required is only a fraction of that necessary for an institution conducted for charity alone. At the same time these patients see for themselves the needs of poorer sufferers and the possibilities of research; the reaction in them is not unpleasant, but on the contrary they regard it as a privilege to help the philanthropic divisions with

gifts. The poorer patients of the Hospital Association not only receive the benefits of treatment but also enlarge the clinical material available for study by the staff. The research work, while advancing knowledge of the subject, also raises the general standard of the institution. It is well known that the best minds in medicine are not attracted toward the purely commercial aspects of it, and are seldom obtainable at any price on the staff of a sanatorium conducted as a purely business undertaking. At the same time that the research work derives support from the gifts of patients, a direct benefit results to the patients themselves, in that they are thus enabled to receive treatment from those engaged in the actual discovery of new methods and making this special field their life work.

The principal support of the institution thus far has been in the form of small contributions, ranging from a few hundred to a few thousand dollars, from patients and their friends. The fact has been emphasized that the aggregate wealth of the persons and families afflicted with diabetes, Bright's disease and high blood pressure is many times greater than that of Carnegie, Rockefeller or any individual, and by co-operating in enlightened self-interest they can contribute to work out their own salvation by assuring the best possible facilities for the treatment and investigation of their own troubles. The efficiency of this work and their pride in it are both enhanced by this plan, in contrast with the former dependence upon the chance charity of some rich person.

Outlook.

The greatest forward step in the establishment of this Institute has been the securing of this site, ideal in its beauty and its fitness for the purpose, in an excellent year-round climate, and in convenient proximity to New York, Philadelphia and other centers of population. It is a satisfaction and a benefit that such a delightful environment should be obtained for the use of the sick, especially for the invalids with chronic disease to whom environment means so much.: The specific requirements of treatment and investigation can also be fulfilled as rapidly as time and money permit. The present diet kitchens and laboratory serve their purpose, but model facilities in both these departments are hoped for

later. The farm lands and greenhouses are not only to provide the usual country luxuries of fresh eggs, cream and vegetables for the diets, but also it is proposed with the co-operation of the Department of Agriculture at Washington to introduce improved or imported varieties of vegetables to relieve the monotony of the diets as far as possible.

The most pleasing physical surroundings could still be made wretched by a gloomy psychic environment. It is inevitable that a large proportion of severe cases should be sent to such an institution, and if their therapeutic outlook were hopeless, as for example in the advanced stages of cancer or tuberculosis, an atmosphere of despondency must be the result. The guests here today have the opportunity of meeting a considerable number of our patients, past and present, and can ascertain for themselves that not one of them is discouraged. We no longer regard diabetes of any grade as hopeless, but on the contrary under thorough treatment there is ordinarily more or less gain of tolerance with time. The work with arterial hypertension is more recent, but it is certain that the great majority of cases can be relieved to a far greater extent than has been possible with the methods of treatment heretofore commonly employed in this country. The one feature which still remains hopeless is the existence of organic damage in all these patients, which cannot be cured but can only be palliated by diets which spare the injured function. Further progress in the direction of actual cure must be the goal of research, in order to bring deliverance to thousands and even millions of handicapped individuals in this country and throughout the world.

We have, therefore, an ideal situation, we have an inspiring purpose, and we have the sympathy and co-operation of many physicians and laymen, as evidenced by the number of those who have sacrificed the greater part of a day to be present on this occasion. Our success will be determined partly by the financial support received and partly by our own fitness for the task in hand.

ADDRESS

By Henry S. Pritchett, M.D.,

President of the Carnegie Foundation,

The layman, no less than the practitioner of medicine, may reasonably ask

why such an agency as a physiiatric institute is necessary in the prevention and treatment of diseases. We have now our schools in medicine in which the medical science is taught; we have our hospitals of various types, from the great public hospitals with thousands of beds, to the small private hospitals with a limited number. Why should it be desirable to establish, in addition to these agencies for the study and treatment of disease, a special institute for the study and treatment of metabolic diseases?

The answer to this question is obvious enough to the physician trained in the methods of modern medical science. It is not so obvious to the great body even of intelligent men.

The general hospital, such as exists in most communities, is the result of a long development and in its finest form is perhaps the best fruitage of our civilization because in it are united not only the highest medical science but also the sincere devotion to the service of mankind. The general hospital, however, at its best, when its staff includes the ablest clinicians and surgeons and when its laboratories are conducted by trained experts, is nevertheless called upon to compass an almost impossible task. It must deal with all the diseases and ailments to which the human flesh is heir. It seeks to prevent, in so far as it can, the occurrence of disease, and wherever the individual has become so unfortunate as to fall ill the general hospital offers its services for his recovery whether he be rich or poor.

There are certain classes of diseases, however, which cannot be successfully diagnosed nor yet successfully treated except by means of an organization complete in itself, embracing not only clinicians, but chemists, bacteriologists and other specialists in fundamental sciences.

The diseases, which arise from the failure of chemical and physical reactions in the body, are among those which are well nigh impossible to treat successfully in the general hospital. These are the so-called metabolic diseases. Metabolism is the biological term for the process of chemical change in the living cell. The fundamental condition of life and health is the proper metabolism of living substance which is continually undergoing decomposition and building itself up anew with the help of the food substance it takes in. All disease is due primarily

to alterations in the chemical process going on in some or all of the tissues of the body. When these changes lead to functional disturbances that affect the general nutrition of the body, they have been termed metabolic diseases.

For example, the power in the human tissue of storing and using sugar is limited, and varies even among healthy individuals. Diabetes, one of the common metabolic diseases, is produced by a diminution in the power of the tissues to use sugar.

Patients, who have had the misfortune to contract diabetes, must be taught, particularly in the case of poor people, the kind of diet adapted to their needs and how it must be prepared in their own homes. This whole matter is one of experimentation in the laboratories and kitchens of the metabolic institution; and after the patient's case has been studied, it is still necessary that he himself shall be taught the knowledge necessary for his own well-being. It would be impossible to do all this in the general hospital.

In addition, research into the causes of metabolic diseases and their treatment can be carried on with the hope of success only in an institution which can study these causes in detail and under circumstances where the physician, chemist, bacteriologist and dietitian may unite all their knowledge in the effort to prevent and cure disease. Scientific research, therefore, in this group of diseases would require for successful prosecution the creation of at least a few institutions in which all the conditions for study and research shall be grouped together.

It is for this reason, notwithstanding the presence in our communities of great hospitals well endowed and well conducted, that it is still necessary to provide for certain groups of diseases, institutions in which the study and treatment of these diseases may be prosecuted by a group of men representing both clinical knowledge and laboratory skill. It is out of the research of such well chosen groups that we may hope in time to arrive at knowledge which will go far not only to curb but to prevent those metabolic diseases like diabetes, goitre, gout, myxoedema, and other metabolic affections, which under present-day conditions contribute so large a part of the diseases of modern men and women. In such an institution, where the clinical and the laboratory men

work together, scientific research will be able to make its greatest progress in the solution of the specific problems which these diseases present. It is for this reason, therefore, that in addition to the great medical schools and the great hospitals, there must be set up and maintained institutions which shall be, in the first place, organized to deal with the difficult conditions surrounding certain diseases, and which may, in the second place, bend their energies and their studies, steadily and continuously, to the solution of the problems of the diseases with which they are concerned.

PRESIDENTIAL ADDRESS.

Delivered by the Retiring President of the Practitioner's Club, Newark, at the 33rd Annual Banquet, Held in Newark, May 2nd, 1921.

By Elmer G. Wherry, M.D.,
Newark, N. J.

Mr. Toastmaster, Fellow Members
and Guests of the Practitioner's Club:

Although the honor of being president of the Practitioner's Club is one that comes, in course of time, to each member, yet no one can fail to feel that it is an honor, a great honor and when one year ago tonight I was elected president, I felt a great sense of pride in my election. I will have to admit that with the sense of pride there was also a sense of diffidence, so that now after a year has rolled

and I find myself, for the first time in my life, sitting with the toastmaster and the guests of honor instead of enjoying myself at the other end of the table where I feel I rightfully belong. I really don't know how to thank you. Some months ago I saw an advertisement in a magazine, "How to become an effective and engaging speaker." I now most heartily wish that I had taken that course.

There are many things that I would like to say to you tonight, but better speakers are to follow me and I shall confine myself to the expression of one thought which they probably would not care to express, and that is on the peculiar position the physician holds in society and the peculiar influence he exerts on society.

The physician, to put it bluntly, is constantly opposing the great fundamental law of nature in regard to the survival of the fittest. We physicians are so con-

stantly associating with the unfit that we are in danger of losing our intimate contact with the robust and successful members of society.

Not only are we bending every effort toward the care of the feeble, the sick, the pauper, the criminal, the idiot and the insane, but we have influenced society at large to devote so much thought to such matters that we are in danger of rearing a Frankenstein Monster. Civilization will always remain in debt to Greek culture which produced the highest type of man, physically and intellectually, that the world has ever seen. In the beauty of their physical development, in their courage and love of country, in their philosophy and literature, architecture and art they have never been surpassed and will continue to inspire the world for ages to come. They aimed for perfection and followed nature so closely that they almost entirely eliminated the weak and inefficient in their care for the strong. We on the contrary, care most diligently for the weak and frequently leave the strong to perish. There is nothing fanciful about this, it is fact.

It has been pointed out that "apparently an individual to obtain the best advantages must be blind, deaf, feeble-minded, insane, criminal, destitute or a drunkard, then he is taken care of in special institutions and protected by special legislation."

Lately, under the leadership of our toastmaster, Dr. Eagleton, we have prevented dangerous legislation from going through at Trenton and have influenced the Senate and the Assembly to pass measures, designed for no other purpose than to protect the best interests of the ignorant and the helpless sick. This was a fine thing to do and no one can possibly object to it, but what have we ever done to protect the interests of the great majority of our countrymen, the strong and successful?

During the war when millions of our men were in France, millions more in training and all the rest of us so taken up with the war that we were in no condition to think of any other subject, Prohibition was put across, not by a great majority of voters, but by a minority, which did not scruple to change the constitution of the United States, and the constitution which they were in duly bound to uphold, to change it so as to deprive us of our right to liberty and the

pursuit of happiness. And now forsooth, they endeavor to make out that it is criminal even to suggest changing it back to its original wording. Drunkenness, crime, insanity, poverty, disease, idiocy are horrible. So is war horrible, but not so horrible as loss of liberty. And in ascribing all these horrors to alcohol, is not the cart put before the horse? Is it not true that it is the defective and the criminal who drinks too much rather than the individual becomes defective, insane or an idiot by drinking too much?

Is not the Eighteenth Amendment aimed to improve the condition of the unfit at the expense of the liberty of action of the fit? There are thousands of families in the United States who were accustomed to make social occasions a little bit pleasanter by the moderate use of alcoholic beverages. Why should their pleasure be sacrificed for the benefit of the unfit. Is not pleasure worth consideration; is not friendliness or kindly regard worth cultivating?

For the last fifty years true temperance has been growing by leaps and bounds, people were becoming more and more sensible in the use of alcohol. More and more pleasure, and I do not hesitate to say it, more and more benefit was being derived from the proper use of alcohol, and then just when the results of common sense and self control were becoming manifest, there came like a thunderbolt, "verboten."

I said a minute or so ago that we were in danger of rearing a Frankenstein monster. When we consider that in Kansas it is a crime to smoke a cigarette and that in Texas it is a crime to own a billiard table, and that in New Haven it is a misdemeanor to kiss a pretty girl and that at Trenton and Washington we are misrepresented by unfit legislators, I say that we have already reared a Frankenstein monster and the only thing we can do now is to rise up and kill it. "They that are well need not a physician, but they that are sick." But they that are well need us as good citizens to help make this country once more the land of the brave and the home of the free and to return to us our own self respect by giving back to us the respect for the laws of God and man that we once enjoyed and that is our rightful heritage.

DO NOT FAIL TO ATTEND ANNUAL MEETING, ATLANTIC CITY, JUNE 14-16, 1921.

Clinical Reports.

Primary Anemia in Children.—Dr. Litchfield, in *Med. Jour. Australia*, reports a case of pernicious anemia in a boy, aged 2 years and 3 months; case of lymphatic leukemia in a girl, aged 3 months; case of lymphatic leukemia or lymphosarcoma in a child, aged 10 years; lymphatic leukemia in a boy, aged 4 years, a girl, aged 9 years, a boy, aged 6 months, a girl, aged 1 year and 11 months, and a boy, aged 1 year and 7 months; acute myelogenous leukemia in a girl, aged 10 years.

A Twin Monster.—Dr. W. W. Mott, at the meeting of the N. Y. Acad. of Med., Feb. 15, presented a twin monster. These babies had been delivered in private practice. They were fused at the buttocks. At the time of labor a breech presentation was found and then three feet presented. The obstetrician tried to push one leg back when he found that all three legs belonged to the same body.

Addison's Disease in Child.—At necropsy of a girl of 4 in Christiania, who had presented symptoms of Addison's disease, the left suprarenal gland was found transformed into a ganglioneuroma with some small metastatic tumors thereby. The diagnosis during life had been tuberculosis of the abdomen. Although the abdomen was much distended no ascites was found, the large tumor weighing 50 gm. In connection with this case, forty of ganglioneuroma from the literature are tabulated, including seventeen cases in children. In all, the tumor had developed from the sympathetic nervous system and the suprarenal. In another group of thirteen cases, including one child, the ganglioneuroma had developed in the brain, spinal cord or cerebrospinal nerves.

A Big Burden for a Little Baby.—A tiny creature of seven months was brought to a London hospital with transposition of the viscera, showing a potentially bicameral heart. For the first three days she did well, but a cough persisted, she became more cyanosed, sweated profusely, then wearily gave up the ghost. Professor Arthur Keith, of the Royal College of Surgeons (Proceedings of the Royal Society of Medicine), made a postmortem examination, and said he had not met a heart in which abnormalities were in such peculiar combination. The heart was on the right, the liver on the left, the spleen on the right, the stomach, large and small bowel, kidneys, adrenals, arteries and veins, all lying as in a mirrored image of the normal disposition. All the blood from the lungs and the body was received in one chamber of the heart—the systemic (normal right) auricle. From the auricle it entered the left ventricle, that chamber serving as pulmonary and systemic pump, the only blood reaching the systemic circulation being that which passed into the aorta by a constricted ductus arteriosus.

Pulsating Exophthalmus Cured by Ligature of Both Common Carotid Arteries.—The condition resulted from a severe fracture of the skull and was right sided. The common carotid of

that side was tied, but no permanent benefit resulted. Greatly annoyed by intracranial noises, the patient consented to the ligation of the opposite common carotid. Thus far the cure has been complete, but there is some slight reason to fear a recurrence. The ligation of the ophthalmic vein for this condition is hardly known in France, but has been done a total of 13 times in the world at large. In most cases, however, one of the carotids was also tied. The thirteen cases have all been successful, eleven having resulted in permanent cure. The route has usually been the palpebral.—*La Presse Medicale*.

Abdominal Arteriosclerosis.—Dr. Fernandes Martinez, in *Revista Espanola de Medicina*, Barcelona, remarks that obliteration of some mesenteric artery should be suspected when there is paroxysmal pain in the abdomen, with bloody vomit and stools. Accompanying ileus sustains this assumption, with or without a tumor. He describes a case in which only the necropsy cleared up the diagnosis. The first symptom had been sudden agonizing pain near the umbilicus, accompanied by incessant vomiting, both rebellious to all measures. The pain became diffuse but persisted intense. The diagnosis was peritonitis from perforation of a gastric ulcer, but death ensued the thirty-sixth hour as the man was being prepared for a laparotomy. Necropsy revealed obliteration of a group of mesenteric arteries.

Professional Radium Injuries.—A communication from the London Radium Institute reports the death of two of the attendants, a woman of 36 and a man of 33. Each returned from a two months' or one month vacation with signs of anemia, which proved to be of the pernicious type, with death in two or three months. In a third case, in a man of 50, the fatal anemia ran a still shorter course. They had been employed in the institute for eight, three and ten years; leukopenia was pronounced in all. The anemia was of the type produced by toxic gases, such as nitrotoluene, and rats exposed to the action of radium showed analogous changes in the bone marrow, a total lack of regeneration. Mottram reported these fatalities in the *Archives of Radiology*, December, 1920, and Bordier commenting on them in the *Presse medicale*, just received, warns that other persons in the room with those taking radium treatment are exposed to as many foci of rays as there are radium tubes in use at the time. He adds that tubes for roentgen-ray work are being made to produce rays with constantly greater penetrating power, which enhances their danger for radiologists.

Abstracts from Medical Journals.

Treatment of Diabetes.—Motsfeldt has been applying under-nutrition in treatment of diabetes for more than three years and reports extremely favorable results. He tabulates the outcome in 54 cases before 1917 treated on other principles. There were 13 per cent. deaths and only 44 per cent. were free from glycosuria and ketonuria at the close of the course. The corresponding figures under more or less rigorous starvation treatment were 5

per cent. deaths and 79 per cent. with normal urine when discharged from the hospital. One boy of 12 was in diabetic coma three weeks after the onset of the first symptoms. In earlier days this would have been classed as a case of acutely fatal diabetes, but under seven months of treatment he was dismissed in good condition with urine and blood sugar normal. Motzfeldt's experience has confirmed the value of the preliminary test for acidosis by the time that the breath can be held.

The Total Metabolism in Diabetes.—Dr. E. P. Joslin of Boston, said that metabolism estimations must be made with due regard to the height, weight, age and sex of the individual. With each year of life it decreased by seven calories. Woman had a metabolic rate six per cent. lower than that of man. In diabetes metabolism might be above or below normal. The studies of diabetes since 1914, when Dr. Allen started his metabolism experiments, were on an entirely different basis than those made before that time. The new methods showed increase of life due to wiping out diabetic accidents. Dr. F. M. Allen of New York, in discussing the subject, said that the diabetic patient must accept his lowered metabolism. If he did not drive his renal function he could hope to live indefinitely.

Diabetes in Bearded Women.—Dr. P. Emile-Weil and Plichet, in *Presse medicale*, report the case of a bearded woman, aged thirty-eight, who died of diabetes complicated by pulmonary tuberculosis. The patient, in addition to marked hirsuties, had shown virilism and obesity. Fibrotic ovarias, but no adrenal tumor, were found at the autopsy. The authors call attention to a definite relationship existing between hirsuties and diabetes mellitus. In cases of hirsuties reported by Tuffier and Guemes, glycosuria was noted as in the authors' patient, and in two cases of hirsuties free of glycosuria Laignel-Lavastine showed the existence of a latent defect of carbohydrate metabolism by injecting adrenal, thyroid or pituitary extracts, causing marked glycosuria which failed to appear in control subjects. Hirsuties seems to be associated both with disturbed carbohydrate and fata metabolism, the disorder as regards fats being manifested in obesity. Diabetes, whether mild, severe, or grave, is due to endocrine disturbances, as is hirsuties itself, and is, perhaps, also of adrenal origin. This variety of diabetes is allied to that met with in other disorder of ductless glands, viz., the pituitary in acromegaly and the thyroid in exophthalmic goitre, such disorders reacting on the functions of the liver and pancreas have to do with carbohydrate metabolism.

Focal Infection of Cervix with Its Relation to Mental Disease.—Dr. H. A. Cotton of Trenton, in discussing that subject at the N. Y. Acad. of Medicine, emphasized the need of co-operation among the various specialists in attacking such a problem as they had tried to attack at the State Hospital at Trenton. Scarcely any medical problem could be worked out by one set of men alone. From time immemorial psychiatrists had taken care of mental cases and only when they came to a realization of how much help might be contributed from other sources did they obtain good re-

sults. Where there was infection there was no doubt that good results might be obtained by eliminating the source of infection. Dr. Cotton related the history of one girl who came to them when she was sixteen or seventeen years of age. She became better and was discharged. Six years later she returned and was under their care for two years. She was found to have an impacted molar and an infection of the tonsils following an endocervicitis. The removal of these foci of infection resulted in wonderful improvement. The girl was now doing nursing work in the hospital, something she could not have done before the removal of the foci of infection. Following the elimination of a cervical and other foci of infection he had had patients recover and remain well long enough to warrant the statement that their recovery was not merely temporary. He said they had a functional group, so called, of dementias, of which 77 per cent. recovered. That the removal of foci of infection had cured some of these patients and benefited others had been definitely proven. The hereditary and psychogenic factor was contributory, but the infection was primary and this fact would be recognized in a short time.

County Medical Societies' Reports

ATLANTIC COUNTY.

Norman J. Quinn, M. D., Reporter.

The regular monthly meeting for May was held at the Hotel Chalfont, May 7, 1921, at 8.30 P. M. It was voted to make the next meeting, in June, an outing at the North Field Country Club. Dr. Thomas R. Brown of Baltimore, Md., read a very comprehensive paper entitled "Refined Symptoms in Disease, with Special Reference to Digestive Symptoms and Digestive Diseases." Special emphasis was placed on the modern tendency to seek short cuts to diagnosis by relying entirely on the more precise laboratory aids and neglecting the "sences."

CAPE MAY COUNTY.

Eugene Way, M.D., Reporter.

The regular semi-annual meeting of the Cape May County Medical Society was held on April 5, 1921, in the rooms of the American Legion, Cape May Court House. President Frank R. Hughes presided. Members present: Drs. Hughes, C. W. Way, Lake, Washburn, J. Way, Marcy, Haines, Tomlin and E. Way. District Councillor Dr. Walt. P. Conaway and Dr. Edgar A. Darnell of Atlantic City; Prof. Albert E. Russell of Philadelphia, Editor Alfred Cooper and County Superintendent of Schools A. W. Hand and Dr. H. B. Diverty of Woodbury were also in attendance, as guests of the society. The president announced the death of former President Dr. John S. Douglass and appointed Drs. J. Way and Washburn a committee to draft resolutions on his death.

The president then introduced Professor Rousell, who delivered an address on "Sleeping Sickness," based on a personal experience of twenty-one cases. The paper was erudite, interesting and instructive.

Discussion was opened by Dr. Conaway in his usual eloquent and comprehensive manner, and closed by Dr. Russell. A vote of thanks

was given Drs. Rousel and Conaway by the society. Dr. Diverty, a former resident of Cape May County, gave a reminiscent talk. A dinner was then served at the Hotel Bellevue.

ESSEX COUNTY.

Eugene W. Murray, M.D., Reporter.

The last regular meeting of the Essex County Society was held April 28th at the Academy of Medicine, Newark, New Jersey, the attendance was very large and the evening a very profitable one, nine new members being elected which makes twenty-eight new members since the first of January.

Assemblyman Alexander addressed the meeting on "Health Insurance" and on the other medical bills which came before the Assembly during the last session.

Doctor Wells P. Eagleton gave the report of the Welfare Committee and also explained how each legislator stood with reference to the medical bills which were before the Legislature, he also explained in detail how necessary it was for every member of the medical profession to keep himself informed on all subjects of a medical nature that were continually coming up before the Legislature.

GLOUCESTER COUNTY.

Henry B. Diverty, M.D., Reporter.

The regular meeting of the Gloucester County Medical Society was held May 19, 1921, at 2.30 P. M., at the "Hallowell School of Adjustment," as the guests of Dr. Madeline A. Hallowell of Atlantic City.

Delegates to Cape May County and Salem County medical societies reported having a very good time.

A communication was read inviting the physicians to Dr. Underwood's Hospital in Woodbury on May 27th at 3 P. M., to hear Dr. S. B. English of Glen Gardner who will conduct a consultation clinic for tuberculosis and other chest cases, under the direction of the Gloucester County Health Association.

Dr. Philips of Pitman was elected to fill vacancies in the society caused by the death of Dr. Halsey.

On motion of Dr. Hunter, the offer of Mrs. Dr. Halsey of giving the doctors old antique instruments which he had collected for years to our medical society was accepted.

Dr. Fisher of Clayton reported that compulsory vaccination is in force in the public schools of his town.

The doctors as well as their wives attended this meeting and all were very grateful to Dr. Hallowell for her hospitality. We all had a most excellent time.

MIDDLESEX COUNTY.

Matthew F. Urbanski, M.D., Reporter.

The regular monthly meeting of the Middlesex County Medical Society was held Wednesday, May 18th, 1921, at St. Peter's Hospital, New Brunswick. Owing to the absence of the regular secretary, Dr. Slobodien was appointed secretary pro tem.

A communication from Dr. D. F. Weeks, superintendent of the Village for Epileptics at Skillman, inviting this society to meet in a

joint meeting with the county medical societies of Mercer, Hunterdon and Somerset at the Village on Thursday, June 9th, at 2.30 P. M., standard time, was received. Owing to the fact that the next regular monthly meeting of this society conflicts with the annual meeting of the State Medical Society, a motion was made and carried that this society accept the invitation from Dr. Weeks and that that shall be considered our regular meeting for June. A motion was made and seconded that the secretary notify each member of the society by letter of the above mentioned action and that each member in return notify the secretary whether or not he will attend the meeting at Skillman, and that the secretary shall inform Dr. Weeks of the probable number that will attend.

Dr. Alfred Gruessner of New Brunswick was proposed for membership in the society by Dr. McKiernan and his application was referred to the committee on credentials.

The lecture and film demonstration by a representative of the "Bureau of Venereal Disease Control" was not held owing to the fact that the film machine was not in working order.

WARREN COUNTY.

Charles B. Smith, M.D., Reporter.

The Warren County Medical Society held a meeting Tuesday night, April 26th, in the rooms of the Board of Trade, Phillipsburg, N. J., the president, Dr. J. M. Reese, presiding.

The meeting was called to hear the report of Mr. Joseph Gunn of Newark, the executive secretary of the Welfare Committee of the Medical Society of New Jersey.

After making a report of the various medical bills and bills pertaining to the various healing cults that had been introduced in the legislature of the State of New Jersey during the last session he spoke of the bills that had been voted on and the bills that had not come out of committee. His report showed that a great deal of intelligent detail work had to be done to bring about the "notable victory which the medical profession won in the legislature for the public and for educational standards and qualifications."

He said the bills passed and signed by the Governor had placed New Jersey in the front on educational qualifications. He said the State Welfare Committee wants to organize for permanent work the Welfare Committee in each county society. That we must get ready and be on the initiative and not on the defensive as we were at the last session of the legislature. That by adhering to the program of the State Society we gained more than by compromising. Compromising was strongly urged upon the committee but they would not compromise. Constant hammering at the legislature will get what we want, if we are fair and square in all legislation. The language of the politician is votes.

He said that new compensation bills should be introduced allowing hospitals proper remuneration for care of compensation cases and after the hospitals send the patients home the physician attending such cases should get proper remuneration. Now it is usual for the physicians to lose his fees because the law goes no further than the hospital. He predicted

that the annual registration bill will be up next year.

The State Medical Society may be asked to appoint only one or two new members on the State Welfare Committee instead of an entire new committee. This will keep on the committee members who know how legislation was handled last session and who know what promises were made by the legislators concerning future legislation. Mr. Gunn went into many more details of the work of the committee at Trenton last session and his remarks were distinguished by candor and insight into the methods of the legislators and the needs of the public and the medical profession in the matter of legislation. He shows a fine discernment of the issues at stake and he awakes his hearers to a vivid realization of the great inertia of the medical profession which must be overcome.

The secretary of the county society then read a letter received last February from Assemblyman Harry Runyon of Warren County, who said, "He was with the medical profession in their efforts against Health Insurance and for an Advanced Standard of Medical Education."

A motion was made and passed unanimously "thanking Warren County's Senator, Dr. Thomas Barber of Philipsburg, who was present, and Warren County's Assemblyman, Harry Runyon of Belvidere, for their excellent service rendered in behalf of the medical bills presented and passed at the last session of the legislature.

Dr. Paul Correll of Easton, Pa., chief surgeon of Correll's Hospital, then gave an account of a society which he had been informed had been formed in Illinois which was called Allied Appliance of Healing and which was composed of Osteopaths, Chiropractors and various other healers. This society was formed to fight the bills of the medical societies which might be presented to the legislature of that State.

A motion was made and passed authorizing the secretary to purchase a duplicating machine for the purpose of sending immediately to the members of the county society messages sent him by the State Welfare Committee.

Local Medical Societies.

Associated Physicians of Montclair and Vicinity

Walter B. Mount, M.D., Reporter.

The annual meeting was held on Tuesday, May 17th, 1921, at 8.30 P. M., at the Montclair Club, Montclair, William H. Areson, M.D., president, in the chair.

The program was as follows:

8.30 P. M.—Business meeting. Dr. Henry Wallace, historian, gave an interesting account of the society's organization in 1909; of the members who had served as president; of the careful selection of physicians and surgeons, of national reputation, to address the meetings; of the faithful services of the various officers and of the large attendance of members at the meetings.

9 P. M.—Address on "The Medical Man as Viewed by the Commission," by Hon. H. F. McConnell, Mayor of Montclair.

9.15 P. M.—Address on "The Commission as

Viewed by the Medical Man," by Hon. James T. Hanan, Commissioner of Montclair.

9.30 P. M.—Monologue, by Edward C. Fox (courtesy of F. F. Carman Circuit).

Dr. D. C. English of New Brunswick, Editor of the Journal of the State Medical Society, made a brief address of congratulation and commendation of the society and its work.

9.45 P. M.—Movies—Fox News: 1, "Swat the Landlord"; 2, "Golf"—slow motion; 3, "How France Treats Her Prisoners of War"; 4, Fox News Weekly.

10.45 P. M.—Buffet Supper.

The Executive Committee acting as a Nominating Committee proposed the following nominations for officers for 1921-1922:

President, Dr. Martin J. Synnott, Montclair; vice-president, Dr. D. Clark Thompson, Bloomfield; secretary, Dr. Allan S. Kirkwood, Montclair; treasurer, Dr. John H. Young, Montclair; historian, Dr. Henry Wallace, Glen Ridge. They were unanimously elected.

Consideration of proposed amendments to the constitution and by-laws were then considered and adopted.

North Hudson Physicians' Club.

Dr. C. V. Numeyer, secretary, reports that the membership of this club is close to 80 members; 109 physicians being in North Hudson. From a member of the club who is fairly well acquainted with many physicians in all parts of the State, North Hudson should be proud of its medical club, for it has developed a wonderful understanding between each and every physician, who became associated with one another personally, socially and professionally.

On February 14, 1921, twenty-five members of North Hudson Physicians' Club attended the meeting in the Senate Chamber at Trenton to oppose passage of Christopher Bill. This was the best showing of any medical club or group of affiliated physicians in the State of New Jersey whether it be county or local society.

At the last meeting of the North Hudson Physicians' Club, Dr. Curtis read a very interesting paper on Immunity.

Washington Society of Clinical Medicine.

Dr. F. J. LaRiev, Secretary.

The January meeting of the Washington Society of Clinical Medicine was held at the home of Dr. F. P. McKinstry, Washington, N. J., on the evening of January 18, 1921, with Dr. McKinstry, the president, in the chair. Fifteen physicians were present.

Dr. H. I. Klopp of Allenton, Pa., superintendent of the Rittersville, Pa., Hospital for Mental Diseases, gave a very interesting talk on "The Examination and Early Recognition of Mental Diseases and Defectives." Dr. Arthur Zuck of Washington, N. J., opened the discussion. Dr. Paul Correll of Easton, Pa., stated the "Role of the Surgeon in the Treatment of Defectives." There was a general discussion in which all took part. After luncheon the meeting adjourned to meet at the home of Dr. Lane, Bloomsbury, during the next month.

March Meeting.

The regular monthly meeting of the Washington Society of Clinical Medicine was held

at the home of Dr. Edgar Lane, Bloomsbury, on the evening of March 24th. This meeting was to have been held in February but sickness prevented. It was brought out by discussion that the courts of the State of New Jersey can compel physicians to testify to statements of facts for an ordinary witness fee which is fifty cents. But in questions of opinion it is expert testimony. When summoned for expert testimony arrangements for suitable fees should be made with the lawyer on the side for which the testimony is to be used. The paper of the evening on "Eclampsia" was read by Dr. Lane. It covered a great deal of ground and brought out a thorough discussion which showed one of the bugbears of the obstetrician's life was eclampsia. Drs. F. J. LaRiew and F. P. McKinstry of Washington reported an interesting case of the removal of a large mucilage bottle from the rectum of a man by means of forceps. This man had been shell-shocked and gassed in the war, according to his own history, and became a pederast and it was his habit of practicing pederasty, using a bottle for the pleasurable pain which he experienced.

April Meeting.

The regular monthly meeting of the society was held at the home of Dr. Thomas Dedrick at Washington, N. J., April 19. There were twelve members present. Dr. Dedrick, who is practicing eye, ear, nose and throat specialty at Easton, Pa., read a paper on "Diseases of the Eye." The discussion brought out many interesting facts. Dr. Chas. M. Williams of Washington spoke of reading of eight people who went blind after using hair lotions containing wood alcohol. Dr. Paul Correll, surgeon of Correll's Hospital, Easton, Pa., reported that he had recently removed an appendix in the lumen of which was imbedded a metal chicken wire staple, the two sides of which were one-half inch long and the closed end one-quarter inch long. After luncheon the meeting adjourned to meet at the home of Dr. Theo. Fulper, Hampton, the second Tuesday in May.

Miscellaneous Items

Chiropractic Bill Killed.—It is reported that the bill to establish a separate board of chiropractic examiners was "killed" by a vote of 29 to 42 in the assembly of the California Legislature, March 16.

Vaccination Opposers Defeated.—The Massachusetts House of Representatives on April 7th, by a vote of 21 to 100 against, killed the bill to allow unvaccinated children to attend public schools if their parents or guardians are opposed to vaccination.

Cancer Increasing in Paris.—Statistics recently made public in Paris show that deaths from cancer have increased from 3,073 in 1910 to 3,619 in 1919, and since that time the death rate from cancer has continued to rise. In view of these facts the Municipal Council of Paris has purchased two grams of radium for 2,500,000 francs, which will be used in fighting the ravages of cancer.

Cost of Venereal Diseases to the Army.—Statistics were recently compiled upon which to base an estimate of the cost of venereal diseases to the army show that during the calendar year from January 1, 1919, to December 31, 1919, venereal diseases in the army caused a loss of 1,923,420 days. Since practically all of this lost time represents days spent in hospital under treatment for gonorrhea, chancre, syphilis, and since the estimated cost of such hospitalization for each patient per day is \$7.00, it may be said that the loss to the army caused by these diseases, measured in dollars, was \$13,463,940.—Medico-Military Review.

A Second Miriam Rubin Case.

Arvo Karjala, 13 years old, 744 Cummings avenue, Waukegan, Ill.

A bright, normal boy; never had any serious sickness. Took sick Monday, April 18. Temperature, 105. Respiration, 48. No lung, heart or intestinal involvement. Soon began to talk continuously night and day about his school affairs, ball playing, fishing, etc. Hallucinations of seeing objects, groping for them. Like Miriam wanted to get up and go. Had to be held in bed—restless, but again like Miriam would answer any question I put to him correctly, and like her took his medicine willingly. 7th night slept all night, 8th day normal mentally and physically. Treatment discontinued. No chiropractor, **eight days**. In an exactly similar case with chiropractic interference, **eight weeks**.—Dr. R. H. T. Nesbitt.

Ready-Made Medicines.—The most serious harm in ready-made medicines is the perpetual suggestion that in order to keep well one must constantly be dosing himself. Just the opposite is true. It would seem that more rigid supervision of ready-made medicine should be exercised by responsible authorities. We go to considerable trouble to see that milk is fairly free from germs. All cities go to great expense to get pure water, and yet the loss of time from using ineffectual symptomatic remedies and the danger from habit-forming drugs would seem just as important as the care of water and milk.—G. Dock, J. Missouri M. A.

AMERICAN MEDICAL ASSOCIATION.

The seventy-second annual meeting will be held in Boston, Mass., June 6-10, 1921. The House of Delegates will convene at 10 A. M., Monday, June 6. New Jersey will have three delegates. Drs. Henry A. Cotton, Trenton; Henry H. Davis, Camden; George E. Reading, Woodbury.

The Scientific Assembly will open with the general meeting at 8.30 P. M., Tuesday, June 7. Papers by New Jersey representative will be presented or discussed as follows: Papers—by Drs. F. M. Allen and J. W. Sherrill, Morristown, on "Symptoms Referable to the Etiologic Pathology in Diabetes," and Robert E. Soule, Newark, on "Value of Bone Pin Arthrodesis in Treatment of Flat Foot."

Discussions by Drs. Charles F. Adams, Trenton, on "The Ear and Sinus Complications of Influenza"; Edward J. Ill and S. E. Robertson, Newark, on Dr. Soule's paper; Fred L. Hoffman, Ph. D., Newark, on "Morbidity Conclusions with Reference to Diseases of Children."

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

NOTE.—The transaction of business will be expedited, and prompt attention secured if,—

All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to THE EDITOR.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL are sent direct to THE CHAIRMAN OF THE PUBLICATION COMMITTEE.

ONE HUNDRED AND FIFTY-FIFTH ANNUAL MEETING OF

The Medical Society of New Jersey

HOTEL CHELSEA
ATLANTIC CITY

June 14th to 16th, 1921

The Board of Trustees will meet in the Hotel Chelsea—not in the New Monmouth as the program states—on Monday evening, June 13th at eight o'clock.

This annual meeting is a most important one and should have a large attendance. Its business will need careful thought in order to reach wise conclusions. We need as never before the spirit and devotion of the men who in past years gave our Society its splendid record of service to the State and its citizens. Hotel rates for the Chelsea are given on page 127, April Journal, but much lower rates can be secured at the smaller hotels.

The Scientific Program was published in the May Journal and the Full Program has already been sent to the members. Bring it with you.

We Say to Every Member — COME IF POSSIBLE

TO AUTHORS OF PAPERS.

To avoid mistakes and insure the early insertion in our Journal of addresses and papers presented at the annual meeting—and of all communications sent at any time for insertion—the Editor calls special attention to the following points:

Manuscripts should be typewritten, preferably doubled spaced, and only clear verified copies presented. The name and address of the author should appear under title of paper. Literature cited should be assembled at the end of a manuscript in numerical order and should be numbered serially. These bibliographic items in the list should be referred to in the text by numerals corresponding with the sequence numerals in the list.

We would also call attention to the By-Laws, Chap. III, Sec. 5, which requires that all papers shall be deposited with the recording secretary when read.

The indistinct writing of words, especially of names and dates, has in the past occasioned much difficulty and delay, and sometimes the non-use of communications.

REPORTING MEDICAL MEETING.

The Editor returns thanks to all who send reports of medical society meetings. These reports are an important part of the Journal's contents and their appearance or non-appearance is noted by physicians residing in other States—for our journal goes to nearly every state in the Union. We occasionally receive a letter from a distant State referring to items contained in those reports and once in a while the query comes as to whether a certain county society is alive whose work is not reported.

We wish to hear from every county society and every local medical society in the State. The Journal ought to show what the medical profession in New Jersey is doing; we are convinced that it is worth reporting. We would like to report also the great work our hospitals are doing.

OUR JOURNAL.

The Editor of the Journal was greatly pleased as well as surprised to hear from the chairman of our Publication Committee—Dr. C. D. Bennett—that he will report at the annual meeting this month that Volume XVII—for the year 1920—closed with a balance on hand of \$105.

We had expected a debt of considerably larger amount on account of the increased cost of paper and a large increase in printers' wages. Most of the State journals had a large deficit and some decreased the number of pages. We endeavored to avoid a deficit by an economy that would not weaken the character of our Journal, but the chief credit is due to the good management of the chairman of the Publication Committee.

For the year 1921, with still further advance of paper and printers' demands, we anticipate rather less financial success, but even then the wisdom of establishing and maintaining a monthly journal instead of the annual volume of "Transactions," has been abundantly demonstrated, as at present prices the annual volume would cost the Society about twice as much as the Journal without the great advantages of a monthly journal.

LESS RESOLVING AND MORE ACTION NEEDED.

There are about 12,500 physicians in Illinois; about 7,000 are in the State Society; if all were in the State Society and this organization a unit against vicious "welfare" measures their dignified eloquently phrased resolution of protest would be obsequiously received and expeditiously cast into the waste basket because Medical Societies are taken seriously, only, by the State Medical Society in matters of legislation.

We are confident that all medical men who are in touch with affairs will agree with us in the following: that the sooner we medical men throw aside the mantle of professional exclusiveness and go to the people with the facts, the sooner will we begin to realize the power of medical citizenship and if we do not develop that power to its fullest we are not playing the game fairly to ourselves, our families, our people, our order, our State or the Nation.—*Illinois Med. Jour.*

MADAME CURIE HONORED.

Not only has the medical profession of our country most cordially welcomed this distinguished woman who had made one of the most valuable discoveries of the past century, advancing medical science and blessing suffering humanity by the discovery of radium, but the whole country, through President Harding and Vice-President Coolidge, has honored her, and she has received the honor with becoming dignity and modesty.

A LIVE SOCIETY.

The Editor greatly enjoyed the privilege of attending the annual meeting of The Associated Physicians of Montclair and Vicinity on May 17th, an account of which is given elsewhere. The program combined business and social features, well planned and carried out. Two facts were of special interest which we commend as worthy of observance by other medical societies—county and local: 1, Recognition of the doctor's position in civic matters, in addresses by the Mayor and City Commissioner; 2, the large attendance—an association of nearly 100 members, few of whom were absent. It is a live association with officers and members busy on their jobs. No wonder that the physicians of Montclair are so respected and have such influence in the community that one of their number was elected a City Commissioner at the last election. There would be little need of strenuous work by the State Society's Committee on the Profession's and the Public's Welfare if all our medical societies were conducted as the Montclair Society is, for it is educating the people rightly to regard the physician's position and duties in conserving and advancing the public's welfare.

The annual meeting of our State Society this year will doubtless be of more than ordinary interest. The scientific program will be full and we believe profitable. The business sessions will be of special interest this year as matters seriously affecting the profession and the public's welfare will be considered. The Board of Trustees at its recent meeting voted unanimously that the Wednesday afternoon general meeting be devoted to the address of the Third Vice-President, Dr. W. P. Eagleton, and the consideration and action upon the work of the Welfare Committee of which Dr. Eagleton is chairman. His address will have a direct bearing upon that work.

We believe that the attitude of the public toward the profession, and especially of that contemptible class of newspapers whose managers are governed by an intense commercialistic attitude toward fake advertisers—always after the "almighty dollar" regardless of health interests or social and moral conditions—should receive the attention of our members at the coming annual meeting.

Hunterdon County Centennial.—This county's one hundredth anniversary will be celebrated at Flemington on June 21st. There will be three or four speakers and a banquet.

The reports of the May meetings of the Salem County Society and Washington local society were received too late for this issue of the Journal.

MEDICAL SOCIETY OF NEW JERSEY.

Reinstated and New Members.

Abrams, Vera Schectman, Newark.
 Banister, Robert L., Newark.
 Birdsall, Clarence A., Caldwell.
 Bassin, John N., Newark.
 Brennoch, Thomas N., Jersey City.
 Connolly, John M., Bayonne.
 Conty, Anthony, Union Hill.
 Cremens, John L., Paterson.
 Croods, James, Paterson.
 Ewens, Arthur E., Atlantic City.
 Hirsch, Samuel, Passaic.
 Hilfer, Sigar C., West New York.
 Herold, Herman C. H., Newark.
 Jacks, Oscar, Jersey City.
 Jacques, J. Eugenia, Jersey City.
 McNeeney, Claude E., Jersey City.
 Merten, Henry C., West Hoboken.
 Menk, Paul E., Newark.
 Mills, Alvah V., Little Falls.
 Natrass, Robert B., Hoboken.
 Nicholson, Frank R., Jersey City.
 North, James, Atlantic City.
 Peters, Charles H., Hoboken.
 Pyle, Immanuel, Jersey City.
 Rue, Henry B., Hoboken.
 Rosenberg, L. Charles, Newark.
 Shippe, David M., Midvale.
 Silvers, Homer I., Atlantic City.
 Sloan, Samuel L., Paterson.
 Townsend, Samuel C., Paterson.
 Vosberg, Fred, Garfield.
 Wallace, Clifton R., Bayonne.
 White, Hugh M., Jersey City.

LATE NEWS ITEMS RECEIVED.

Summit Medical Society.

William J. Lamson, M.D., Secretary.

The regular monthly meeting of the Summit Medical Society was held at the Highland Club on Friday, May 28, at 8.30 P. M., Dr. Reiter entertaining and Vice-President Moister in the chair. Present: Drs. Bebout, Bensley, Bowles, English, Falvello, James, Kay, Keeney, Krauss, Lamson, Meeker, Meigh, Moister, Morris, Pollard, Reiter, Smalley, Tator, Tidaback and Wolfe. Dr. Milligan of Summit as guest.

The proposed amendment to the By-Laws, changing the date of the annual meeting from the last Friday in September to the last Friday in May, was then taken up and unanimously carried.

The following officers were elected for the coming year: President, Dr. Prout; vice-president, Dr. Moister; secretary, Dr. Lamson.

A communication was read from the Board of Trustees of Overlook Hospital, enclosing a copy of a resolution recently passed by them to the effect that patients entering the hospi-

tal should pay for room or ward charges in advance.

The paper of the evening was read by Dr. Samuel Lloyd of New York on "Surgery of the Lung." Dr. Lloyd said that there was little shock from the admission of air into the pleural cavity, and that local anesthesia was preferable to general anesthesia when possible. Gas and oxygen are preferable to ether. The majority of operations can be done without excision of the ribs if the incision is carried from the costal margin to the vertebrae and proper retraction by rib dilators is made. Empyema is generally due to rupture of a post-pneumonic abscess, and calls for frequent aspiration, with resection if necessary. Irrigation, preferably with Dakin's solution, is indicated unless the opening into the lung is a large one, in which cases there is danger from inhalation. The following conditions are best treated by surgical procedures: single tubercular cavities, bronchiectasis, foreign bodies, hemorrhage, abscess, tumors of the lung or chest wall, and empyema.

After the discussion of the paper the meeting adjourned.

Medical Exploration in South America.

Frederick L. Hoffman, Ph. D., Statistician of the Prudential Insurance Company, left Newark on June 1st with the Mulford Biological Exploration of the Amazon Basin party which is under the direction of Dr. H. H. Rusby, to explore the west coast of South America, seeking information concerning useful drugs and ingredients of value to medical and pharmaceutical science. Dr. Hoffman's work will concern the health, longevity, acclimatization and sanitary progress of the regions visited, particularly as regards American residents, temporarily or permanently settled under the conditions of tropical life. Attention will be given to the effect of high altitudes on health and longevity, and in the Amazonian lowlands to the prevailing tropical diseases, especially the various types of malarial fever. While the work of the expedition will take about two years, Dr. Hoffman expects to return the latter part of this year.

Utah Legislature and False Cults.

Dr. W. L. Rich, Secretary of the Utah State Medical Society, reports:

Three different Chiropractic bills were introduced and all failed of passage. One Osteopathic Bill was introduced into the Senate and it also failed. The Chiropractors then got a bill introduced in the Senate which would have provided that no injunction could be issued against anyone for violation of the Medical Practice Act and that trial by jury may be asked for and granted. The Senator who introduced this bill, after being convinced it was a vicious form of legislation recalled it and nothing more was heard of it.

Senate Bill 19 provided for a one man Industrial Commission with power to hire and regulate their employees, including medical men as were deemed advisable. This bill was the work of Insurance Companies and was very favorable to them in every way. It was strongly opposed by our committee and was killed in the Senate.

Hospital Patient from Chiropractor's Office.

Miss A. F. Cassidy of Lebanon, Pa., died May 22 at the Good Samaritan Hospital there, from what the hospital surgeons diagnosed as a dislocation of the neck with ruptured spinal cord. It is stated that a week before she stumbled in the street and wrenched her neck; a few days later she became unconscious while in the office of a local chiropractor, was taken from his office to the hospital, remaining unconscious till death. Doctor Frazier, brain and spinal cord specialist of the University of Pennsylvania, was called into consultation. His diagnosis, it is said, supported that of the hospital surgeons.

Dr. J. J. Light, coroner, directed that an autopsy be made.

Beer Not a Medicine.—At the annual conference of Indiana physicians and public health officers held, May 10, at Indianapolis, a resolution was approved declaring that the demand for beer as a medicine had not come from physicians, and urging members of Congress to support the recent Volstead bill, designed to prohibit the sale of beer for medicinal purposes. Dr. John N. Hurty, state health commissioner, presided at the sessions.

Therapeutic Notes.

Eczema in Infants.—Diluted citrine ointment, externally, and very small doses of arsenic internally, in the following forms, are recommended for the relief of this condition:

Ung. hydrarg. nitratis, drs. 3 to 5.

Ung. aq. rosae, q.s. ad, oz. 1.

M. sig.: Apply twice daily.

Liq. potas. arsenitis, dr. 1.

Aq. destil. q.s. ad., oz. 1.

M. sig.: Two to eight drops once a day.—
Clinical Medicine.

Emetin in Liver Abscess.—Dr. V. S. Hodson, in the Jour. of Tropical Med., London, reports having treated a number of cases of hepatic abscess medically and they have appeared to be cured completely. In two cases of rupture through the lung recovery ensued at once after the exhibition of emetin in 1 grain doses for six or seven days.

Herpes Zoster.—In treatment of Herpes Zoster, in perhaps over a hundred trials, zinc phosphide, in doses of $\frac{1}{8}$ grain every three hours, did not once fail to cure.—G. C. Horne in Med. Summary.

Local Treatment of Arthritis.—Dr. G. Lampronti, at Riforma Medica, Naples, has been experimenting with different drugs injected directly into the joints in acute polyarthritis. The best results were obtained with 8 c.c. of a 3per cent. solution of antipyrin injected directly into the joint. The local reaction is slight and there never was suppuration, but the temperature drops in a few hours while the pain ceases at once as if by magic. The absorption of the edema around the joint rapidly follows. It sometimes seems as if the arthritis fled before the drug, the benefit in one joint being followed by aggravating in another, so he usu-

ally distributes about 12 c.c. among the other joints. He never gives over 20 c.c. during the twenty-four hours. His formula is 1.5 gm. of antipyrin with 46 gm. distilled water. After sterilizing in the water bath, he adds 4 gm of 1 per thousand epiéphrin solution.

Treatment of Membranous Dysmenorrhea.

Dysmenorrhea with clots and membranae is best treated, says Dr. B. L. Spitzig, by reducing the viscosity of the blood with citric acid. A standard formula is one part of the acid to three parts of lactose, a teaspoonful of the powder in a half glassful of water, three or four times daily. As nitrogenous food increases the viscosity of the blood, fats and carbohydrates are to be preferred for one to two weeks before the menses.

Hospitals; Training Schools, etc.

The Monmouth Memorial Hospital, Long Branch, conducted a recruiting campaign for student-nurses last month.

All Souls' Hospital, Morristown.

The Training School for Nurses of this hospital held its graduation exercises in the hospital chapel May 12, 1921, when three nurses received diplomas.

Ann May Memorial Hospital.

The dedicatory exercises of this hospital at Spring Lake were held May 12th. Bishop Matthews, Rt. Rev. T. J. Walsh and Rabbi Foster took part in the exercises.

Bridgeton Hospital.

The following is the report for April: Number of patients admitted, 56; discharged, 50; operated upon, 41; remaining, 21; died, 3. Total days patients, 686. Births, 3.

New Maternity Hospital, Phillipsburg.

Articles of incorporation are being prepared for the new maternity hospital which it is proposed to build on the site of the William E. Harwig School in the Sixth Ward, recently condemned by the State Board of Education. Among the incorporators are Drs. Isaac Barber, H. B. Howell and H. W. Souders.

Salem County Memorial Hospital.

The following is the report for March: In hospital March 31st, 8; admitted during March, 37; operations performed, 16; deaths, 2; births, 8; discharged, 35.

Bridgeton Hospital Training School.

The commencement exercises of this Training School for Nurses was held Tuesday evening, May 17th, when 3 nurses received diplomas. Dr. E. S. Corson made the address to the graduates.

Cooper Hospital Training School, Camden.

The commencement of this Nurses' School were held May 26, when sixteen nurses graduated. Dr. A. Haines Lippincott presented the prizes and Dr. J. L. Mahaffey gave the pins to the nurses.

City Hospital Nurses' Training School.

Eighteen graduated from the City Hospital Training School, Newark, receiving their diplomas from Mayor Archibald, May 25th. In the absence of Dr. Carl E. Sutphen, president of the hospital's medical board, Vice-President Dr. H. J. F. Wallhauser presided and made the opening address.

Homeopathic Hospital Training School.

A class of eight nurses graduated from the Homeopathic Hospital of Essex County Training School on the evening of May 25th. The charge to the nurses was delivered by Dr. A. F. Thompson, chief of the hospital staff.

Preventorium for Tuberculous Children.

A building to accommodate sixty children is suggested by the Morris County Tuberculosis Association, to be erected on the grounds of the Shonghum Sanatorium. It is estimated that it will cost about \$30,000 for building and equipment.

Bonnie Burn Sanatorium.

Superintendent John E. Runnells, M.D., reports: On April 1st there were 248 patients in the Sanatorium. This number includes 37 males and 34 females in the Preventorium. During the month 40 patients have been admitted, 21 males and 19 females. Fourteen of these admissions went to the Preventorium. Among the admissions there were four readmissions. The admissions are classified as follows: Non-tubercular, 2; pre-tubercular, 16; incipient, 0; moderately advanced, 2; far advanced, 19; bone tuberculosis, 1.

The largest number of patients present at any time during the month has been 260, smallest number, 248. Present April 30th, 260. The daily average for the month has been 254.6.

Bellevue Without a Death.—For the first time in five years a period of twenty-four hours, on May 14, passed without the registration of a single death in Bellevue Hospital. A total of 1,400 patients were receiving treatment during this period. The record is considered unusual because of the seriousness of most of the cases brought to the hospital.

The Hospital Pathologist.—There is no reason—none which will appeal to the pathologist—why his income must remain stationary in contradistinction to all the rest of his professional brethren. It should be commensurate with his ability in the first place and should increase pro rata. This will depend on himself, his hospital and its staff.—R. A. Kilduffe, Hospital Progress.

Marriage.

WILLIAMS-BLAKNEY. — At Philadelphia, Pa., April 23, Dr. Jabez H. Williams of Camden, to Miss Alice Blakney of Philadelphia.

Deaths.

McILWAINE.—At Newark, N. J., April 29, 1921, Charles H. McIlwaine of Newark, aged 77. Dr. McIlwaine graduated from the University of Pennsylvania in 1877; was founder and for ten years director of the Trenton Eye and Ear Infirmary.

NEWELL.—At Clifton, Pa., on April 29, 1921, Dr. William A. Newell of Philadelphia, formerly of Trenton, N. J., after a protracted illness, aged 40 years.

Dr. Newell was born at Wigwam Farm, Feb. 19, 1881; he was a son of the late Dr. William A. Newell and a grandson of former Governor William A. Newell of New Jersey and later Territorial Governor of Washington by appointment of President Lincoln. He graduated from the University of Pennsylvania Medical School in 1907; practiced medicine and served on the Mercer Hospital staff in Trenton several years. During the late war he served in the Medical Corps, U. S. Army; was detailed for special x-ray work at Fort Ogelthorpe and later at Lakewood, N. J., and after the war was an x-ray physician at the University of Penn. Hospital.

POOLE.—In West Hoboken last month, Mrs. Poole, wife of Dr. Louis E. Poole, died from pneumonia.

Personal Notes.

Dr. W. Leslie Cornwell, Bridgeton, was recently elected treasurer of the local Kiwanis Club.

Dr. Matthew K. Elmer, Bridgeton, was re-elected recently a director of the Cumberland Bank, that city, which was organized in July, 1816.

Dr. Henry W. Kice, Wharton, and wife entertained the Port Oram Social and Literary Club at their home recently.

Dr. Stewart Lewis, Lakewood, was ill at his home last month.

Dr. Thomas P. Prout, Summit, was chosen a director of the Athenaeum, Summit, last month.

Dr. John M. Randolph, Rahway, was elected physician of the Rahway Aerie No. 1863, Fraternal Order of Eagles, recently.

Dr. Herschel Pettit, Ocean City, and wife recently returned from a two weeks' sojourn in Bermuda.

Dr. Julius Way, Cape May Court House, has been appointed county physician and medical inspector of the schools of Middle Township.

Dr. J. Anson Smith, Blackwood, has recently retired from practice and was presented with a handsome bronze desk set by his fellow citizens.

Dr. Charles E. Sharp, Port Norris, is president of the Commercial League of that city and Dr. Edward B. Bradford is chairman of the Municipal Committee.

Dr. Barth. M. Howley, New Brunswick, has recovered from his serious illness and operation.

Dr. Isaac Barber, Phillipsburg, was elected one of the directors of the Warren County Maternity Hospital and Infanterium last month.

Dr. James T. Hanan, Montclair, was elected one of the City Commissioners at the recent election.

Drs. William J. Lampson and Thomas P. Prout had a joint celebration of their birthdays on May 31st.

Dr. Otto Lowy, Newark, has not retired from practice as reported; he is still treating syphilis cases referred by physicians.

Dr. Theophilus W. Madden, Collingswood, has been elected by the Commissioners borough physician.

Dr. Clinton D. Mendenhall, Bordentown, has been elected city physician by the City Commissioners.

Dr. Walter H. Smith, Haddonfield, has been elected by the Commissioners the physician and health officer of the city.

Dr. Margaret N. Sullivan, Jersey City, addressed the women of the borough of Mendham on May 25, under the auspices of the Woman's Club.

Public Health Items.

Millville Health Report.—The inspector reported the following deaths occurred in April: Measles, 1 case; diphtheria, 2; pneumonia, 2; scarlet fever, 1; typhoid fever, 2; chicken pox, 1; tuberculosis, 3.

Newark Health Report.

During the month of April, 1921, there were 488 deaths in the city. The death rate was 13.8 per 1,000 of population. The principle causes of death were. Tuberculosis, 44 cases; cancer, 25; apoplexy, 27; organic heart disease, 47; pneumonia, 47; Bright's disease and nephritis, 46; diphtheria, 8; influenza, 6. There were reported the following number of cases: Tuberculosis, 165; pneumonia, 389; influenza, 125; diphtheria, 126.

During the year 1920 the infant mortality rate was 84.7. Of children under one year of age there were 66 deaths from contagious diseases and 200 from bronchitis and pneumonia. The number of births for the entire city in 1920 was 11,734. The infant mortality of illegitimate babies in Newark in 1920 was 78.4. The supervision of unmarried mothers was primarily undertaken to protect the life of the illegitimate infant as it has been found that the infant mortality among these babies is usually two or three times as high as that of the city or country as a whole.

New Jersey Health Report.

Decreases in the number of deaths in New Jersey from most causes are indicated for the month of April in reports filed with the State Department of Health. The total number of deaths was 3,332, of which 63 were of non-residents. The death rate was 12.08, as compared with 13.91 for March. There were 431 deaths among children under one year, 200 among children over one year and under five years, and 1,235 among persons aged sixty and over. A marked decrease was shown in the number of deaths from influenza, the total of March being 69, and for April 38. Pneumonia is another cause of death showing a marked

decrease, the figure for March being 308 and for April 234. Death from Bright's disease continued high. There were 34 deaths from scarlet fever during April, as against an average of 12 for the previous twelve months.

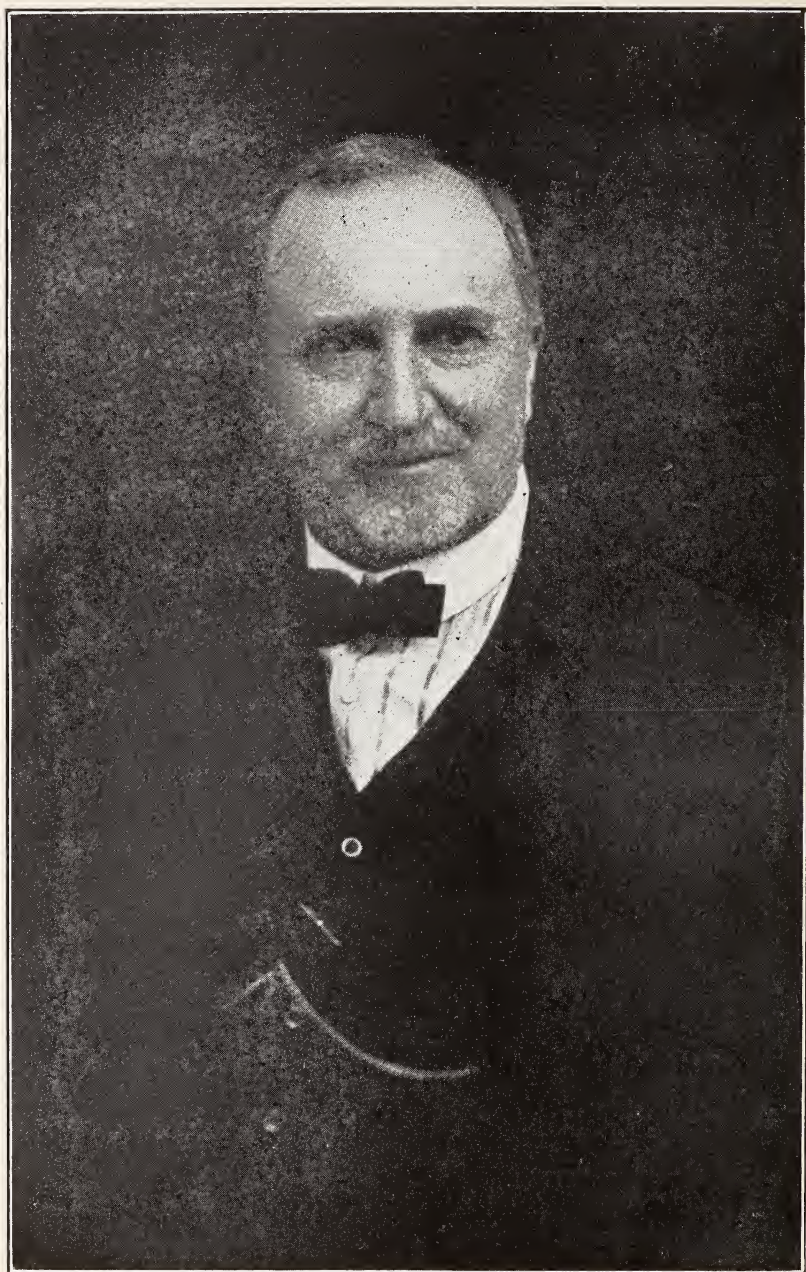
Malnutrition in Schoolchildren.—Of 2,843 children of Toronto, Can., examined by Brown and Davis in 1,256, or 44 per cent., were 7 per cent., or more underweight, and 751, or 26 per cent., were from 10 to 12 per cent., or more underweight. Estimating the total school population as 79,000, 26 per cent., are undernourished and in a serious state of health.

Lethargic Encephalitis in New York State.—During January, 1921, there were ten deaths from lethargic encephalitis, 1.1 per hundred thousand population, among eighty-three cases reported, an incidence of 9.3 per hundred thousand.—Bull. N. Y. State Dept. of Health.

Opposed to Health Centers.—The house of delegates of the Medical Society of the State of New York, at its meeting on May 2, adopted resolutions declaring the society "emphatically opposed to 'State Medicine,' and to any schemes for 'Health Centers,' 'Group Medicine' and 'Diagnostic Clinics' either wholly or partly controlled, operated or subsidized by the state or national government; and that the delegates from the society to the American Medical Association be instructed to present this resolution at the House of Delegates of the American Medical Association at its coming session in June and to use every possible means to secure its adoption." This resolution was introduced by Dr. Eden V. Delphey of New York.

Illiteracy of Children.—That many American born children are growing up illiterate is shown by figures given in the seventh annual report of the chief of the Children's Bureau of the U. S. Department of Labor. Of 19,696 children between 14 and 16 years old, to whom certificates were issued, more than one-fourth could not write their names legibly. Nearly 10 per cent. had never gone beyond the first grade and considerably more than half were in the fourth grade or lower when they left school. Only about 3 per cent. were in eighth grade and about one in a hundred had reached high school. These children were native Americans. Of the whole number, only twenty-four were foreign born.

Social Hygiene Legislation.—The years 1918 and 1919 were banner years for venereal disease legislation. Venereal diseases had been made reportable either by statute or regulation of state boards of health in only thirteen states, prior to Jan. 1, 1917, while even fewer had provisions for examination of suspected persons, and for quarantine or compulsory treatment of those in an infectious stage. No venereal diseases are reportable in at least forty-three states, while the remainder probably have legislative authority for their state boards of health to make them reportable by regulation. Compulsory examination of suspected persons and quarantine of those who are deemed to be a menace to public health, are now provided for by forty-four states, either by statute or regulations of the board of health.—G. E. Worthington, Social Hygiene.



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PATERSON, N. J.

President of the Medical Society of New Jersey during the year 1920-21

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THE PRESIDENT'S ADDRESS.

Delivered at the 155th Annual Meeting of The
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tic City, June 14, 1921.

By **Philander A. Harris, M.D., F.A.C.S.,**
Paterson, N. J.

The history of the healing art in all times shows that wherever other arts and sciences were in a high state of development, the science of medicine or healing also was advanced.

Egyptologists who believed the ancient Egyptians to have been the most highly cultivated people of the earth, assure us, that both the surgical and medical treatment of disease was more highly developed in Egypt than in any other country, prior to the days of **Grecian** medicine. Those who have written medical history, like those who have given us our general history, have attributed to Egypt a lot of accomplishments in medicine, some of which no doubt have remained in use. Some have been rediscovered, and many others doubtless still remain on the list of lost arts. The translation of Egyptian hieroglyphics, and the unearthing of tools and instruments of their arts and trades, have brought a great deal of additional evidence, even in recent years, of the customs and culture of that people.

Still, however great the attainment of the Egyptians in the arts, sciences, and general culture, the time came when they must yield their position of eminence to another nation. After Egypt had thus reached her highest development of civilization and culture, she entered upon the stage of retrogression.

Highly cultivated as the Egyptians may have been, there is little doubt that the Greeks, after the Egyptians, and hundreds of years before Christ, made great advancement in the arts and sciences, in-

cluding the art of healing, and it is also probable that very many of these accomplishments were developed by, or, originated with the Greeks. Almost half a century preceding the birth of Christ, the Island of Cos, gave to Greece Hippocrates who appears to have done so much for Grecian medicine, and left so much to the medical profession.

Hippocrates has been considered the most important physician prior to the Christian era. Historians agree that it was he, who laid the firm foundation for progress in the art of diagnosis, and in the conservative treatment of disease. From him we appear to have derived, also, the first important principles for the ethical guidance of the physician, in his relation to the profession, the patient, and the people.

If we remember that in those days, the only books were in hand-script, and that teaching was mainly by word of mouth, or, by clinical demonstration, we will appreciate that the writings of Hippocrates had to be repeatedly reproduced in manuscript, in order to be available to any considerable number of students. The re-copying of original manuscripts for the use of students, was a regular business. After the death of a great teacher in medicine, the demand for his manuscripts continued, and since the scribe was often in possession of the original writings, and official copies could not be obtained, excepting through him, his connection with students and physicians seeking copy, was a pure matter of barter and sale. A copyist, well knowing the value of the writings of certain men, held such writings in his possession, and one might obtain copies of them for a price. The price was generally based on two important conditions—the greatness of the original writer, and the avarice of the scribe. This

commercialization of the works of great writers is believed to have led, in some instances, to the substitution of the works of minor writers for those of the more important teachers in medicine. Consequently those who have investigated or studied this ancient history, assure us, for example, that we cannot now at all make sure that there have not been attributed to Hippocrates things which he did not write about, or do.

We must not fail again to remind ourselves that the people of Greece, in the centuries before Christ, and in the time of Hippocrates, and for many years afterwards, were regarded as the most intellectual and highly cultivated people in the world. While culture in the various arts and sciences was making intelligent progress in Greece, Rome, with less attention to the development of the arts and sciences, including medicine, had achieved quite as proud a distinction because of her conquests in war. Finally Rome, feeling more the need of culture in the peaceful arts, began to take lessons in medicine from the Greeks.

The doctors who succeeded in Greece, like the doctors who made good in their own communities in these days, appreciated their own country, and were naturally indisposed to leave it, but I judge that Grecian doctors with inferior knowledge and professionalism did what so many people do in these days when they do not succeed at home, they emigrated to other lands, and established themselves where there was less competition. Thus many of the less learned, but ambitious physicians of Greece, who had been only scantily favored with either patients, or income, knowing the backwardness of medical culture in the Roman Empire, left their home country, settled in Rome, and there pursued their professional work.

These followers of Hippocrates and his disciples, though not of the best timber, were still so far superior in medical culture to the physicians of other countries, that when they arrived in Rome they were able to exemplify the healing art in many ways, better than the Roman physicians were able to do. As years went by, many Romans went to Greece to learn the medical art first hand from Grecian practitioners. The fact that men of Greece in those centuries never went to Rome to learn medicine, but were themselves the tutors of the Romans who

went to Greece to learn, demonstrates beyond doubt that Rome fully appreciated the advanced state of the art of medicine in Greece.

For several hundred years Rome continued to learn medicine from the Greeks, and, thanks to their example and tutelage, had made great strides in the theory and practice of medicine, when, in the year 164 A. D., Galen, himself a Grecian, arrived in Rome, where he shortly became the supreme authority in medicine; not in Rome alone, but in the medical world.

Perhaps I can best give an idea of the character of this great man, who imparted such an impetus to the study of medicine, by quoting from the paper on Galen and Paracelsus, published by the late John C. Dalton, in 1873: "One of his (Galen's) most striking traits was the respect which he entertained for his predecessors in medical discovery. Hippocrates was his admiration, and his model, and he followed **his** precepts and ideas more closely than those of any previous teacher. But this was not a servile and barren admiration. He believed that the highest tribute he could pay to such a master would be in carrying out and developing his method, so as to increase the knowledge already attained. 'There are many physicians,' he says, 'like the athletes, who would like to win prizes in the Olympic games, and yet will not take the pains necessary to gain them.' . . . Above all, Galen was unalterably opposed to quackery in all its forms, whether intentional or mistaken. He would have nothing to do with arcana, or occult remedies, that is, medicines or agencies which act in some secret, and unintelligible way, and are supposed to cure a disease because they are good for it. The only genuine specific known to medicine, was not yet discovered in his time, and for the pretended ones he entertained a thorough aversion. His remedies were directed against the visible symptoms as they arose, or to counteract the morbid condition of the system, which was thought to have produced them."

Some of the contributors to medicine, although men of great activity, and extreme originality, owing to lack of proper professional training, or, because they were largely devoid of ethical instinct, departed from the beaten path of legitimate medicine. Instead of loyally offer-

ing their ideas and experiences to the profession, they set up some independent system of treatment, or, some new application of an agency, which they esteemed to be sufficient to take care of all kinds of illness, arising from disease or injury. Perhaps the most striking example of this is Paracelsus, who lived in the fifteenth century—and again I will quote from Dalton's admirable work:

"It does not appear that he had any liberal education, or that he went through any such complete course of medical studies as would entitle him to a medical degree. He traveled, however, over different parts of Europe, visiting various universities, devoting himself in great measure to the study of alchemy and astrology, and practising the medical art wherever he happened to be. This period of his life has little or no well-authenticated history, except that, in some way or other, he acquired great celebrity as a practitioner in different parts of Germany. His reputation, however, was already of that sort that the profession at present always regard with considerable suspicion; that is, he was noted as having performed a number of remarkable cures upon well-known and titled personages. He claimed to have cured no less than eighteen princes, of royal or ducal blood, who had previously found no benefit from the treatment of their regular physicians."

"The result of this was that in 1526, at the age of thirty-three years, he was made Professor of Medicine and Surgery in the University of Basle, where he at once began a course of most extraordinary lectures and publications. He taught a set of doctrines of his own, in which he denounced, in unmeasured terms, the accepted principles of medicine, as derived from the ancients, and claimed a supremacy above all other writers and teachers, whether previous, or contemporary. His dictatorial manner, and his extravagant and insane boasting, were without limits; and he had a certain kind of eloquence which, during the height of his popularity, attracted the wonder and applause of his audience."

"At the same time he had no learning, and knew little or nothing of the medical sciences, even as they existed at the time. He miscalled medical terms, and misquoted Latin verses. He even gloried in his ignorance, and considered it as an evidence of originality."

"He pretended to have a remarkable power of preception and diagnostic skill. According to him, a man's body 'ought to be, to the physician, as transparent as a distilled dew-drop, where not the slightest particle can escape the sight. The eye of the physician ought to penetrate through a man's body as it would through a limpid and sparkling fountain, where he can distinguish every pebble and grain of sand with its natural shape and color. . . . All the members of the body ought to be as transparent to him as a polished crystal, where not even a hair could be concealed without his knowing it'."

"His practice was of the heroic character. He discarded most of the milder and simpler remedies previously in vogue, and treated his patients with a variety of arcana, or specifics, extracted by alchemy from different mineral, and organic bodies. Opium, a drug which no school of practitioners seems able to dispense with, was one of the few older remedies which he retained in his pharmacopoeia. His specifics and, essences, of various grades, were some of them inert, but others very powerful; and he seems to have used them all indiscriminately, without much caution or intelligence. The well-known story about the antimony and the monks, which is sometimes attributed to him, is probably an instance of this. He still continued to perform extraordinary cures; but, as sometimes happens in such cases nowadays, soon after the wonderful cure had been published to the world, the disease took an unfavorable turn, and the patient died."

"This happened in the case of Froben or Frobenius, an eminent printer of Basle, whom he cured of an attack of gout, probably about the time when he first came to the university. His success in the case gained him great credit. But the next year, in 1527, the patient had another attack; and either that, or a repetition of the treatment, proved fatal. . . ."

"If we take all his qualities together, Paracelsus may be regarded as, on the whole, the most complete and typical representative in history, of the thorough-paced charlatan. A rampant, blatant, boasting, ignorant vagabond, with a face of brass and a tongue like a race-horse, it is difficult to say whether he did not really believe himself, in his blind way, the medical enchanter he pretended

to be. Unable to comprehend the existence of genuine qualities in others, he loudly claimed the possession of superior knowledge, without ever deigning to show how he had obtained it, except by a confused kind of intuition, which we know has no place in the natural sciences. He imposed for a time on the credulity of a credulous generation, and has left his name as a curious monument of mystification, and folly, in the history of medicine."

Following the devious path of medicine through the middle ages we find the art of healing was largely in the hands of ecclesiastics, as for example in the Medical School of Salerno, which some believe to have existed as early as the seventh century. The later school of Montpellier, of uncertain origin, probably in the tenth century, is described by one writer as the "rallying point of Arabian and Jewish medical learning."

In the eighteenth century, homeopathy was founded by Christian Friedrich Samuel Hahnemann, and it is still going. It has taught the regular school of medicine a lot of good lessons. Homeopathy established and maintained colleges of learning in this and other countries, and made every endeavor to lift its educational standard to better and higher planes of requirement. Whatever personal effort may have been made to sustain the individuality of the Homeopathic School of Medicine, I am not myself cognizant of its ever having committed the gross error of advertising its specialism in public prints. The only regret which I have in relation to Hahnemann is that he did not induce the regular profession to accept, for a trial at least, his agencies and thus avoid the necessity of establishing another school of medicine.

There are thousands of instances where an agency has been employed for a certain case and has proven fallacious. Thousands of times the regular profession has employed agencies in a particular manner and lived to learn that instead of being of benefit, they were prejudicial to the cases to which they were applied. The regular medical profession is accustomed to thresh out such subjects, until they are finally settled, if settlement is possible.

It only now and then happens that a regular physician forsakes his school and condemns all that is in it, and seeks to set up a school based upon the employ-

ment of agencies in a particular manner, or relying upon a few agencies to cure everything under the sun.

Let me direct your attention to a single word which I have used, and which I shall frequently repeat as I read further. I refer to the word agency. On consulting dictionaries and encyclopedias, I arrive at the conclusion that the following would constitute a brief and sufficient definition of the word agency: "It is the faculty or capability of acting or of exerting power." An agency in action, would therefor imply, the power exerted on one body by another.

In the practice of medicine, or in the art of healing or preventing disease, whichever you may wish to call it, thousands of agencies are or have been employed. A simple knife which we use to open an abscess, remove a tumor, or amputate a limb, is an agency. Morphine is an agency which we administer to relieve pain. Chloroform, in the same way, is an agency which we use for the production of general anesthesia. A dose of salts constitutes an agency in the production of purgation. Powered Spanish fly is an agency which may be applied to inflame the skin.

Cold air; hot water; cold water; electricity; x-ray; radium; sunshine; vapors of any kind; cupping, dry or wet; blood transfusion; enemas; irrigations; massage; manipulations, with the hands or fingers; diphtheritic antitoxin for the prevention or cure of diphtheria; vaccine virus, for the prevention of small-pox; medicine of any kind, or any substance or thing found on the surface of the earth, or obtainable from beneath the surface of the earth, or above the surface of the earth, or from the heavens above—any one of these may constitute an agency in the treatment of disease. I have almost forgotten to mention "hot air," particularly the psychologic kind, as an agency possessing high potentialities, and which does a lot of good, especially when skillfully administered. Everyone in the healing art employs, or should employ, a certain amount of psychology, which may be a most potent, if not the most efficient one in selected cases, agency.

The regular school of medicine, as such, has no expurgatory therapeutic list. It may employ any sort of agency it wishes.

Of the various kinds of manual treatment, let us consider the agency of massage. When I turn to my medical diction-

ary, I find the word massage thus defined: "A method of affecting changes in the local and general nutrition, actions, and other functions of the body, by rubbing, kneading and other manipulation of the superficial parts of the body by the hand or an instrument." Massaging is probably as old as the earliest days of man, since we know that people, unlearned and untaught, massage their own joints and other parts of their own bodies. We might almost say that the agency, massage is really a human instinct. In upper Scandinavia both massage and Swedish movement have been developed into high arts.

Dr. Samuel Thomson, the founder of the Thomsonian system of medical practice, selected many agencies which he found very useful in curing disease, and employed them with great earnestness and assiduity, building thereon a system of medical practice which many relied upon. Thomson believed that medicine made from any of the metals was prejudicial to human health and life. He is said to have used only medicines of vegetable or botanic origin. He had a few favorite prescriptions which were evidently very popular with a lot of people, and which came to be well known by the respective numbers which Thomson assigned to them. My mother always had in the house a large bottle of Thomson's Number 6, of which the following is the formula:

"Take a gallon of fourth-proof brandy or high wines, one pound of myrrh, four ounces of Cayenne pepper and four ounces of White Root. Put all in a jug, let it stand in a pot of boiled water, unstoppered, for six hours. Shake up occasionally and let it settle. Then bottle up for use. Take from one to two teaspoonfulls at a dose, for pain, and repeat if necessary. Good for every complaint, internal and external, for wind and weakness of the stomach."

It was a very pleasant drink and it contained enough alcohol to make a tablespoonful or two of it, with the addition of some water and a little sugar, taken when I felt quite sure that mother and father were not around, produce in me a feeling of well being. Thomson's Number 6 was our household remedy for almost every complaint. It has often occurred to me that perhaps it was the deliciousness of Thomson's Number 6 which made his school of medicine die

more slowly than have many others. I must not fail to say, however, that Thomson accomplished much in teaching his following to reject the use of mercury and the practice of blood letting, both of which agencies were doubtless often employed with too little discrimination.

During the life of the Thomsonian system of medicine there appeared another school of medicine in this country; namely, the Eclectic School of which Dr. Robert S. Newton was one of the professors, in the Eclectic Medical College in the City of New York, in 1867. This school, in a way, succeeded the Thomsonian school, and there are physicians who still wish to be known as Eclectic practitioners of medicine. We have on our examining board in the State of New Jersey, a graduate of the Eclectic Medical College just referred to. Writers of medical history assure us that much of the medical profession in southern Europe, prior to the birth of Christ, considered itself as representing Eclecticism. But this ancient Eclecticism differed most essentially from the modern school using the name, in that ancient Eclecticism implied the privilege of using any agency available, whilst the modern Eclectic adopted certain agencies to the positive exclusion of others. It is not unlikely that the designation Eclecticism was employed by the regular profession for many years prior to the Christian era to show the world, that it did not endorse **any** special school of medicine, which placed restriction on the kind or number of agencies which practitioners might use.

The next important school of medicine, and one in which we are all more or less interested, is the School of Osteopathy, which appeared toward the close of the nineteenth century. I take the liberty of quoting the following from "The Principles of Osteopathy," third edition, by Charles Hazzard, Ph.B., D.O., Professor of Histology and Pathology, 1897-1898; Professor of Principles of Osteopathy, 1898-1899, in the American School of Osteopathy and Member of the Staff of Operators in the A. T. Still Infirmary, Kirksville, Missouri:

"I maintain that the Osteopath may secure better results from his manipulation than may the physician by medication; for, whereas the latter introduces into the system those agents which by their nature produce abnormal changes, in nerve tissue, the Osteopath introduces no foreign matter."

From the above quotations, and from reading the interesting text book on Osteopathy by Dr. Hazzard, and from descriptions of the work that was carried on by Osteopaths in those days, but one opinion can be formed, and that is, that the practice of massage as employed by Osteopaths (using this word massage in its broadest sense), was all that they, as Osteopaths, required to effect relief or cure from disease. The time came when the Doctors of Osteopathy were introducing bills in the Legislatures at the capitols of the various states in order to legalize their practice; that is, to obtain official recognition of the art and practice of Osteopathy by having passed an act, or law, which would give them license to treat disease in the special way described by them. I have not forgotten those days, in the beginning of the present century, when the medical profession of New Jersey was notified to appear at Trenton and protest against the enactment of a law permitting the Osteopaths to practice this particular branch of the healing art without passing the regular examination before our Board of Examiners. Hearings were held at the State House by the committees to which the Osteopathic bills had been referred, and there was, of course, a great deal of talk and argument, pro and con.

What I can most distinctly remember is that we were then told by the proponents of the Osteopathic bill that those practicing that particular specialism, did not wish to administer medicine in any form. We were also told by the proponents of the bill that they believed that they could better effect relief or cure of any disease by manual treatment, upon which they apparently entirely relied, than could the regular profession, by the administration of medicine. We were also then assured that they did not wish to perform surgical operations, and that they had no use whatever for one or other of the thousands of other agencies which the regular profession had free access to, and which in many cases it could not dispense with. After that, reports came to the regular profession that certain medicines were being administered by Osteopathic physicians to their patients, thus exemplifying a divergence or departure from the teachings and assurances of the Osteopathic school. The regular profession of New Jersey lived

to learn in the past few months that the Osteopathic doctors now wish to employ a number of agencies which they did not contemplate using when our Legislature enacted the law legalizing Osteopathy in New Jersey and placing an Osteopathic physician on the Licensing Board of Examiners of this State.

At the opening of the Legislature at Trenton in January last the Osteopaths reappeared with a new bill in which they asked for a license to administer medicine and anesthetics, and to perform minor surgical operations. From what I have said above, you will understand that this was not altogether a surprise to the regular medical profession. I have no doubt that the Osteopathic profession is now entirely convinced that Osteopathy, pure and simple, as defined by Dr. Still and his co-laborers, however much it may have accomplished in effecting relief and cure, is not ample to meet all of their requirements in the healing art. The mere fact that the Osteopathic profession reappeared at our Capitol, seeking to extend and increase its privileges, indicates that they feel the need of employing the very agencies which a few years ago they condemned, or said they had no use for, have at last discovered that they cannot accomplish everything, by manual treatment. This is but the natural outcome of the shortsightedness of selecting a few agencies, and trying to make them fit every condition and case.

As to Chiropractic, I have read much from Chiropractic books, college announcements, journals and newspapers of the Chiropractic specialism in medicine. An announcement of a school which claims to be the Fountain Head of Chiropractic, belittles other teaching schools, and makes repeated reference to the money-making capabilities of those who are graduated from that school of medicine. I read in this Chiropractic school announcement, that almost anyone can learn this new and wonderful art—if he is able to pay the price of the course. So absolutely seductive are the promises which this many-paged book contains, that I don't see how anyone who has read the book, and can gather together the amount named, could possibly be happy, or content until he has become a student of the college.

In reading the annual announcement of the Palmer School of Chiropractic of

Davenport, Iowa, for 1912, I find in that announcement, reference to the following specialties in medicine, in this country, restricted in their practice, to drugless healing:

1, Suggestive therapy, magnetic healing; 2, Christian Science; 3, Mental Science; 4, Osteopathy; 5, Naturopathy; 6, Physical Culture; 7, Ophthalmology; 8, Chiropractic; 9, Faith healing; 10, Food scientist; 11, Emmanuel healing.

Representatives of two of these eleven schools appeared last January at our Legislature in Trenton, each asking for a special board of examiners. The Osteopaths asked that the board examining for the issue of licenses to practice Osteopathy be entirely composed of Osteopathic practitioners. The Chiropractors asked for a licensing board composed entirely of Chiropractic practitioners. These two bills, originating with two of these presumably pseudo-drugless schools, failed of passage, as you doubtless all know.

Since two of these eleven "drugless" schools have already applied at Trenton for special boards of examiners, how can we know that any or all of the remaining nine will not do likewise?

Now let us consider specialism as it exists in regular medicine.

In regular medicine there are now more than thirty distinct specialisms, many of which are very technical and also highly developed. The men who practice these specialties, have been graduated from regular schools of medicine, and have complied with the existing laws in the states where they practice.

Have you ever heard of any of these specialists in the regular school of medicine asking a state legislature for any privileges? If not, why? It is for the reason that they have all received, or are presumed to have received, a good average preparation for the practice of medicine, which carried with it the right to specialize in any division of medical service for which they might prepare themselves.

With the specialisms that have grown up in the regular school of medicine, I am sure there is no need whatever for special **schools** in medicine. Special instruction is necessary and must be given to those who have passed the regular examination, and wish to specialize in some particular branch, but to grant a **license** to practice specialties, is but to encourage

those who are trying to get into the healing art with only sub-standard education.

Already we find that the Osteopathic profession has apparently found a deficiency in their system, and they have gone to the Legislature to correct it. If they would simply take the standard examination in the State of New Jersey, they could go out and practice Osteopathy, Chiropractic, Christian Science, or employ any agency or as many of them as they liked, and no one could stop them.

What these special schools in medicine, such as I have referred to, and the hundreds of others that have appeared in medical history as far back as we have record, really wish to obtain, is a recognition of the personal specialty which they practice. These schools of specialism have ever been based upon the principle of restriction as to the kind or number of agencies to be employed.

The first evidences of the decay and death of these so-called special schools of medicine are seen in their departure from the technique laid down by the originator, and in the employment of the very agencies rejected or denounced as harmful by the originator. I regret not to be able to go into more detail on this subject, but perhaps I have said enough to cause you to arrive at the conclusion which I reached long since, namely: that there can be but one school in medicine.

Such a school, which has existed throughout the ages, may employ any agency, however, obtained, and permits any licensed practitioner to use the agencies of Homeopathy, Osteopathy, Chiropractic, Christian Science, Mental Science, Emmanuel Healing, or that of any of the other healing cults.

In an old encyclopedia of eighty years ago, I found the following definition: "Medicine, the science of diseases and the art of healing or alleviating them, is founded upon the study of man's physical and moral nature, in health and in disease. Created by necessity, the offspring of instinct, observation, time, and reflection, it began in ages previous to the records of history; it has struggled at all times, and continues to struggle, with favorite theories; has been influenced by all systems of philosophy, and religion, by truth and superstition; and has, with the slowness which marks all the important advancements of mankind, but lately emerged from some of the prejudices of

thousands of years, and will long continue subject to others."

In reading the history of medicine which describes the countless cults and systems designed to cure or prevent the ills of mankind, I have been especially impressed by the unfailing constancy of "regular medicine." Throughout the ages the torch of medical science has ever been held aloft and kept burning more or less brightly, despite the ruthless and irresponsible hands that would have dashed it to the ground, and extinguished the flame kindled in the earliest days of man's search for knowledge.

It but remains for us to be true to the best traditions of our ancient and honorable profession, and we will surely find a way to secure for the relief of human suffering all that is good in these new methods of healing, without sacrifice of the ever rising standards which are the fruits of the unceasing efforts of our brotherhood.

ORATION IN SURGERY.

Delivered at the 155th Annual Meeting of the Medical Society of New Jersey, at Atlantic City, June 14th, 1921.

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LATE RESULTS OF GASTROENTEROSTOMY FOR CHRONIC ULCERS AND ACUTE PERFORATED ULCERS.

This discussion must not be interpreted as an argument for or against gastroenterostomy. It is rather an attempt to collate and weigh the merits and demerits of the procedure, as judge, not as prosecutor nor defendant.

My interest in the subject was stimulated by constant queries of medical men as to the permanency of the early benefits derived from gastroenterostomy. This prevailing skepticism undoubtedly results from the fact that the physician sees a considerable number of patients who suffer as the result of the operation. However, such cases do not comprise all gastroenterostomies, and it would be of more than passing interest to know what percentage of the whole number should be classified as unsatisfactory; and to know the relative frequency and intensity of the various complaints with which

such patients suffer. An attempt to answer these questions is the object of this paper. The conclusions are based upon a detailed analysis of late results in a consecutive series of cases.

In the early days of gastric surgery efforts were directed towards immediate results and improvements in operative details. At present attention is focused more on the ultimate results. The important technical features have been pretty much standardized and are now followed with slight and unimportant modifications by all surgeons. The size, situation and direction of stoma, and length of loop vary little. Absorbable suture material is insisted upon by practically all. The inefficiency of attempts to close the pylorus and the disadvantages of sectioning the pylorus are universally recognized. Operations performed in recent years have conformed to these standards in most clinics. Differences in minor technical details account for variations in mortality and immediate complications, such as hemorrhage, acute dilatation, vicious circle and peritonitis, but they have relatively little effect on the ultimate condition. The late results in our series therefore will probably approximate those of other surgeons and may be taken as a criterion of the reliability of gastroenterostomy as a therapeutic measure.

Our series comprises the cases which I have done at the New York and Hudson Street Hospitals; cases operated upon elsewhere have not been included, since the patients could not be followed. The gastroenterostomies with few exceptions were made after unquestionable demonstration of a real lesion. In recent years it has been my invariable practice not to do a gastroenterostomy unless a definite lesion is demonstrable. In some of the early cases the existence of an ulcer is perhaps questionable but no gastroenterostomies were consciously done for functional gastric disorders, pylorospasm or visceroptosis. The analyses may be accepted as comprising for the most part well indicated gastroenterostomies performed according to generally accepted methods, and poor results may be attributed to the procedure itself.

Only operations for benign lesions are appropriate for this study. Therefore, those performed for malignant growths have been excluded. The total number of cases was 75; 5 males, 10 females.

78% gave a history of gastric distress for one year or more; while about one-half of the cases gave a gastric history of five years or over.

It is unnecessary to specify the symptoms, laboratory and x-ray findings.

Site of the Ulcer.—Out of the sixty-seven cases in which an ulcer is definitely mentioned in the records as being present, fifty-seven, or 85%, were in the immediate vicinity of the pylorus. The proportion of gastric to duodenal cannot be stated accurately because the relation of the ulcer to the pyloric vein and pylorus itself often could not be determined, especially in the presence of extensive induration. This group, which consists chiefly of duodenal ulcers, will be referred to as "parapyloric." Ten gastric ulcers situated two inches or more proximal to the pylorus are also included in this series.

Posterior gastroenterostomy was performed in all but one. In that case the patient had a large saddle ulcer near the cardiac end of the stomach. A partial gastrectomy was done, and as it was practically impossible to do a posterior anastomosis an anterior gastroenterostomy was made.

In 30 of the cases something more than a gastroenterostomy was done. Most of the gastric ulcers were removed with knife or destroyed by cautery. In seven, partial gastrectomy was done followed by gastroenterostomy. In duodenal ulcers some years ago we occasionally occluded the pylorus with ligature (5 cases); later, we sectioned the pylorus as recommended by von Eiselsberg (7 cases), but in recent years we have often folded in the ulcer or excised it. Some cases have been treated by other methods; pyloroplasty, Polya resection, etc., but these do not enter into this discussion.

The mortality in the seventy-five cases was five. The deaths were due to peritonitis in one, delirium tremens, one; mastoiditis with septicaemia, one, death on 25th day; intestinal obstruction, one; unexplained in one dying on 5th day, although an autopsy was performed.

Early complications included pneumonia in four, and femoral phlebitis in two cases. Late complications comprised two ventral hernias.

We will discuss more fully the late functional results.

Follow-up.—Seventy patients were dis-

charged from the hospital and of these 54 have been traced, or 77%. These cases have been followed for varying lengths of time: 2 followed over 6 years; 3 between 5 and 6 years; 4 between 4 and 5 years; 5 between 3 and 4 years; 13 between 2 and 3 years; 16 between 1 and 2 years; 11 between 6 months and 1 year. Total, 54 cases.

In following these patients particular consideration has been given to the general physical condition: weight, appetite, digestion, bowels, gastric analysis and fluoroscopic examination of the stomach. The most frequent untoward sequelae, namely pain, feeling of distention, eructation, nausea, vomiting and diarrhoea have been carefully inquired into.

Dr. Dineen has pursued the cases and worked up these figures; Dr. Holland and Dr. Dineen have done the fluoroscopic work. Of the 54 cases followed, 33 have been examined fluoroscopically.

The patients come to the hospital at 10 A. M., having taken a cathartic the night before and fasted since midnight. The fasting contents are expressed, the large stomach tube being used, as the duodenal tube slips too easily through the gastroenterostomy stoma. A test meal is then given, expressed and analyzed. A liquid lunch is taken at noon and the patient is fluoroscoped at 4 P. M.

In the examination the screen is quickly passed over the heart, lungs and abdomen, and then the patient is given the first glass of barium. The second glass is given later when by pressure an effort is made to cut off the gastroenterostomy stoma, so that the pylorus can be studied.

Three patients, who have been followed from four to 6½ years, have not had a pain or a single complaint since their operations. They eat anything, have no gastric distress, nor diarrhoea. One has gained over thirty-five pounds, one over twenty pounds.

These three cases had ulcers in the region of the pylorus without obstruction; a posterior gastroenterostomy only was done. They may be taken as types for the study and demonstration of what a perfectly functioning gastroenterostomy should show. In all three, the stomach appears atonic; the barium immediately begins to pass out by way of the gastroenterostomy opening; the pylorus is patent and functioning; there is diminished gastric peristalsis; the

stoma is at the most dependent portion of the stomach and slightly to the left of the midline. It averaged about twenty-five minutes for all the barium to leave the stomach and most of the barium passed by way of the gastroenterostomy stoma.

Examination of those cases in which Kangaroo tendon or chromic catgut had been used to occlude the pylorus revealed the pylorus still functioning. Fluoroscopic examination of those cases in which the pylorus had been resected revealed a blind pouch at the pylorus, with a well functioning gastroenterostomy.

The results of gastric analyses will not be reported since our findings coincide with those of Patterson and others who have shown that a diminished acidity is the rule. Nor will we discuss the theories as to why a gastroenterostomy is beneficial, or how it functionates. We will simply summarize the actual observations: Fluoroscopy of 33 cases showed that:

1. A well placed dependent posterior gastroenterostomy drains the stomach.

2. A gastroenterostomy just to the left of the midline, on a vertical line with the oesophagus drains the stomach most efficiently and quickly.

3. The portion of the stomach between the cardiac orifice and the gastroenterostomy stoma is atonic.

4. The pylorus tends to remain patent.

5. About 4/5 of the barium ordinarily leaves the stomach by way of the gastroenterostomy stoma as estimated by Dr. Holland.

6. A well placed dependent gastroenterostomy stoma tends to remain open and functionate. In none of the cases did the stoma close.

7. The well placed stoma drains the whole stomach, pyloric as well as cardiac end.

8. There is diminished gastric peristalsis.

Symptomatic Results.—Of the 54 cases followed, 40 (74%) of the patients were well at the last report, complained of no untoward symptoms, not even belching of gas or diarrhoea. These patients are classed as good. Three more cases, not included in the 40, are relatively well and have gained in weight but complain of belching of gas. They have had no other complaints. These three cases may be

classed as fair. Until recently the patients had little or no medical supervision after their stay in the hospital which averaged about 19 days. Of late we have appreciated the importance of after treatment and have urged a routine life and diet and medical supervision for a long period. The observance of this will doubtless improve the results.

Eleven of the cases or 20% have been reported as poor. Analysis of the 11 poor cases show:

- I. Resurgence of gastric symptoms in 4 cases; especially nausea, epigastric pain, gas, loss of weight and appetite (diarrhoea in one). All were parapyloric ulcers; the average onset of symptoms was 3½ months after operation, the latest 15 months.

- II. Gastro-jejunal ulcer, 3 cases. All demanded serious operations for the relief of the marginal ulcer. In one the ulcer was excised with reconstruction of gastroenterostomy and enteroenterostomy. He now feels well, five years later, but does not gain weight and almost everytime he eats he has to go to stool shortly afterwards. The second case had recurring gastro-jejunal ulcers necessitating three operations. He ultimately died of carcinoma of stomach. The third case was reoperated upon elsewhere for marginal ulcers and ulcer of lesser curvature.

- III. Vomiting, 2 cases. One patient had a perforated ulcer and had a primary gastroenterostomy. Now has occasional vomiting spells. The second patient had a large ulcer of the cardia. Partial gastrectomy and posterior gastroenterostomy. Well for two years; then violent fits of coughing and vomiting. He was fluoroscoped and the anastomosis seemed to be working well. Explored by another surgeon and adhesions only found. Developed pulmonary tuberculosis and died.

- IV. Hemorrhage, 1 case. Exploratory gastrotomy and posterior gastroenterostomy. Bleeding point not found. Well for fourteen months and then another hemorrhage. Later fluoroscoped. Filling defect in duodenum, first part. Re-fused operation.

- V. Anemia, 1 case. Partial gastrectomy for ulcer and gastroenterostomy. Still weak and anemic (4 years).

In one of these eleven, gastroenterostomy was done elsewhere and we did a reconstruction; the condition at the origi-

nal operation is therefore uncertain. In two, partial gastrectomy was done for gastric ulcer. In one gastroenterostomy was done for ulcer near cardia. In 2 (early cases) an ulcer was not demonstrated. The remaining five represent definite parapyloric ulcers in which gastroenterostomy failed, as against 33 successful gastroenterostomies for the same condition. In estimating the percentage of failures of gastroenterostomy for parapyloric ulcer we have included the two failures in cases in which ulcer was not found, making 18% failures in 40 cases followed. But these figures are all too general to be of practical value. A further subdivision, however, gives important information. First, we find the striking fact that in those cases of parapyloric ulcer who showed a barium retention for six hours or more, 100% of those who survived the operation of gastroenterostomy were symptomatically cured. (a) Second, in those without 6 hour barium retention there were 33% symptomatic failures after gastroenterostomy. (b)

It is not my purpose to discuss the relative merits of medical and surgical treatment of gastric and duodenal ulcers. Unfortunately, medical men and surgeons do not agree on this subject. They are almost as thoroughly at odds as on the question of operation in exophthalmic goitre. For instance, Sippy¹ decries surgical intervention in ulcers unless there is perforation, hourglass contraction or pyloric obstruction of high grade due to indurated tissue. For the ordinary case he urges unqualifiedly the prolonged, and if necessary, oft repeated medical course.

On the other hand, Moynihan² states that while relief of an attack in a case of chronic duodenal ulcer is easy by medical means, a cure is almost impossible. He believes the treatment of such cases should always be surgical. Finally, one of the Mayo staff—Lemon³—naively writes that many patients who have

grown weary of being so often "cured" medically seek surgical help. This conflict of opinion could be eliminated to a large extent if we would regularly visit the other man's ward so as to appreciate that a measure of success really crowns his efforts; and if we could have more frank analyses of the ultimate results both medical and surgical; for now the medical man sees only his brother's failures and the surgeon gets only those cases which the medical man fails to cure. Each is inclined to exaggerate the proportion of such failures and to think the methods and results of the other open to question. Having been launched into this study by the skepticism as to surgical results on the part of the advocates of conservative treatment, it was impossible to resist the corollary, namely to analyze as well the late results of a group of ulcer cases treated non-surgically which we are doing through the courtesy of the medical attendant, Dr. Williams. These figures, however, are not ready for presentation.

I shall not attempt to define under what conditions, or at what stage of an ulcer, operation should be elected. I feel, however, that in the application of medical treatment the social and economic conditions of the individual should be given weight in each case in deciding the duration of such treatment or courses of treatment. The same treatment is not appropriate for all patients. The chances of a relatively rapid cure through surgery, yet with some danger to life, must be taken by those to whom time and expense are all important. Whereas the safer but prolonged invalidism of medical treatment may be elected for others to whom the time element is of little moment in comparison with the risk to life.

We cannot outline the types of operation indicated for the various lesions; nor weigh the relative merits of gastroenterostomy and other procedures. It seems unnecessary to state here that gastric ulcers should be removed by knife or cautery. A gastroenterostomy must be added in some cases, especially those in which there is deformity of the stomach, hyperacidity or pylorospasm. But this phase of gastric surgery is not germane to our subject.

We must discuss, however, the employment of gastroenterostomy for duodenal ulcers. Our analysis indicates that

(a). By "cure" is meant complete freedom from symptoms for a long period, presumably permanently. The cases, however, have not been followed sufficiently long to confirm this.

(b). Barium sulphate in buttermilk was used in these cases and should pass normal pylorus within 4 hours.

1. Sippy—Practical Treatment, 1917, IV, 70.

2. Moynihan—Duodenal Ulcer, II Ed., 1912.

3. Lemon—Collected Papers, Mayo Clinic, 1919, XI, 70.

even a moderate degree of pyloric obstruction will render a gastro-jejunostomy a favorable procedure. The obstruction need not be complete or even of marked degree. Sufficient obstruction to cause six hour barium retention seems sufficient to definitely indicate gastroenterostomy with a reasonable surety of symptomatic cure. Of course the high percentage of successes in this series is in part a coincidence and such a proportion cannot be depended upon; moreover, a longer period of observation will undoubtedly show failures. Further, gastro-jejunal ulcer may be expected to occur in about 4% of the cases, although apparently none developed in the six hour barium retention group in our series.

In parapyloric ulcers without six hour retention symptomatic failures are numerous after gastroenterostomy, namely, 33%. On the basis of these figures gastroenterostomy is not reliable in such cases and some other procedure should be elected if possible, preferably pyloroplasty with excision of the ulcer. The figures indicate that the proportion of gastroenterostomies may properly be reduced in this last group. If this is done, the absolute and relative number of symptomatic failures following gastroenterostomy will be diminished and at the same time the number of gastro-jejunal ulcers will be reduced.

Some surgeons employ gastroenterostomy for all duodenal or suspected duodenal ulcers. This has led to its use in some cases in which no ulcer was present. Since gastroenterostomy is followed by serious sequellae in a considerable proportion of cases, great care should be exercised lest it be performed unnecessarily. The operation should not be made on clinical evidence of an ulcer. Exploration should demonstrate the ulcer beyond doubt. In those rare cases where inspection and palpation are not convincing the viscus should be opened and the suspicious area explored. In this way an unnecessary gastroenterostomy may be avoided.

Acute Perforations. — The facts presented have a definite bearing upon the treatment of acute perforated ulcers, namely, the question as to whether a gastroenterostomy should or should not be made at the initial operation. I will take the liberty of reviewing our statistics in order to make this point

clear. The number of cases analyzed is 55. These were cases of acute perforated ulcers of stomach or duodenum for which I have been directly responsible either at the New York or Hudson Street Hospitals. A considerable proportion have been operated upon by my associates on the Second Surgical Division.

In these 55 cases there was a mortality of ten; seven from peritonitis, one from pneumonia, one from pulmonary embolus and one multiple abscess of liver. The ages ranged from 18 to 65 years; but 90% were about equally distributed between the 3rd, 4th and 5th decades of life; only one was a female. The time element was of striking importance in the mortality. Thus, there were 37 cases operated upon within six hours after the perforation with no deaths; three deaths occurred in 8 cases operated upon between 6 and 22 hours and seven deaths in ten cases operated over 22 hours after perforation. In 32 (62%) of the patients a history was obtained of gastric symptoms for one year or more. An incorrect diagnosis was made seven times, six times acute appendicitis; once cholecystitis. In all except three the perforation occurred on the anterior surface of the stomach or duodenum close to the pylorus. Primary gastroenterostomy was done in only eight of the cases. These were cases in which there appeared to be undue narrowing of the pylorus after closure of the perforation. One case was a recurrent perforation. All of the gastroenterostomies were done in early cases, that is, in those operated upon within six hours, and none died. In later cases the risk of obstruction was considered less than the risk of prolonging the operation by adding a gastroenterostomy. A careful study of those cases which died fails to reveal a single death in which gastroenterostomy would have saved the patient, that is, none of the fatal cases developed obstruction of pylorus. This throws a doubt upon the necessity of gastroenterostomy in the eight cases in which it was elected.

Thirty-four of the patients have been followed from one to five years. This includes 97% of those operated upon since the follow-up system was begun six years ago. Of the 34 cases 22 have been well and free from gastric symptoms since operation: 19 without gastroenterostomy; and 3 with primary gastroenterostomy. 12 had return of symptoms: 2

with primary gastroenterostomy; 10 without primary gastroenterostomy.

Of the 10 with return of symptoms after closure of perforation alone, 7 have been reoperated and a gastroenterostomy done. They presented pyloric obstruction with gastric retention. Of the 7 cases, five were completely cured, one improved, the other has been done too recently to state the result. The other three of the ten still have symptoms but have not been operated upon.

Of the two cases who had primary gastroenterostomy and return of symptoms, one developed a gastro-jejunal ulcer and had a reconstruction of the stoma. He is now relatively well. The second complains of attacks of vomiting.

Gastroenterostomy has therefore been done: Primarily in 8 cases; secondarily in 7 cases; total, 15 cases or 27% of the total cases.

Five of the eight primary gastroenterostomies were followed and two had recurrence of gastric symptoms. Twenty-nine without primary gastroenterostomy have been followed and ten had return of symptoms or 34%.

Summary of Acute Perforated Ulcer

Cases.—Operation within six hours has little mortality; after this period the mortality increases progressively and operation over twenty hours after perforation has a mortality of over 60%.

Over 60% of the patients give a previous gastric history of more than one year. This suggests that perforation could be avoided to a large extent by more timely treatment of chronic ulcers.

Our figures are not favorable to initial gastroenterostomy except in early cases with apparent marked diminution of pylorus after suture of perforation. Closure of perforation with care in placing the sutures so as to avoid obstructing pylorus appears to be the best general procedure.

Primary gastroenterostomy probably increases somewhat the immediate operative risk but its chief disadvantage is that it exposes the patient to the untoward sequelae of gastroenterostomy in general which have been shown to be about 1 failure in 5 cases, that is, symptomatic disturbances, gastro-jejunal ulcers, etc.

Our figures indicate that two out of three cases do well after closure alone; that one in three cases after closure of the perforation alone later develop py-

loric obstruction. This demands operation. But a definitely indicated late gastroenterostomy in these cases is better than unnecessary prophylactic gastroenterostomies at the initial operations.

Postoperative therapy is most important, particularly diet and observation for a long period. With more care in the operative procedure and the proper regulation of these cases after operation, especially as to diet, the percentage of good results should be increased.

Conclusions.—Although the series is small and the cases have not been followed for indefinite periods, some significance perhaps may be attached to this analysis.

While we do not know at what period after operation freedom from symptoms may be accepted as indicating permanent relief, that is symptomatic cure, in none of our cases (parapyloric) did recurrence of symptoms begin later than 15 months after operation.

Of the 40 parapyloric ulcer cases who were followed after treatment by gastroenterostomy, 82% were apparently successful, 18% failures. The significant feature, however, is that those cases of parapyloric ulcer with retention of barium 6 hours or more apparently showed 100% successes. A moderate degree of pyloric obstruction, as represented by 6 hour barium retention, therefore warrants gastroenterostomy for duodenal ulcer and practically ensures a good functional result.

The fact that 33% of the gastroenterostomies for parapyloric ulcers without 6 hour retention are symptomatic failures should deter one from electing gastroenterostomy in such cases when some other procedure less revolutionary in respect to the anatomy and physiology of the stomach offers a likelihood of cure. Accordingly in duodenal ulcers without 6 hour retention excision of ulcer supplemented by pyloroplasty should be elected rather than gastroenterostomy.

Gastric ulcers should be removed, and for this pylorectomy or a deforming resection is frequently indicated, an associated gastroenterostomy often being unavoidable. But in small and accessible gastric ulcers which are removable by cautery or knife, gastroenterostomy may at times be omitted to advantage unless there is hyperacidity, pylorospasm or deformity of stomach.

Fluoroscopy indicates that a posterior

gastroenterostomy slightly to the left of the midline and in most dependent portion of the stomach affords quick and efficient drainage of the whole stomach. This position appears to give the best symptomatic results.

In the treatment of acute perforated ulcers our figures are not favorable to initial gastroenterostomy except in early cases with marked diminution of pylorus after closure of perforation.

In all cases postoperative therapy is most important, particularly diet and observation for a long period.

PRESIDENTIAL ADDRESS.

Read at the Twelfth Annual Meeting of the
New Jersey State Pediatric Society at At-
lantic City, N. J., June 13, 1921

By Arthur Stern, M.D.,

Elizabeth, N. J.

It has been frequently stated, that the last forty years have produced more real progress in medicine than centuries before; that the advance and study in the treatment of diseases have been unequalled; that our conception of the etiology, diagnosis and therapeutics has been changed to such a degree; that ideas and methods which were recognized as solidly founded yesterday have to be altered in the light of the more recent investigation of today.

In this general evolution of medical knowledge, the treatment of the sick child, the care of the sick child and the care of the child in general with the study and prevention of Infant Mortality stand out foremost as fundamental problems, which while not totally solved give promise to accomplish what was thought to be an impossibility years ago. The development of laboratory methods and the application of these adjuvants in connection with a keener clinical and bedside study have produced results of which we may be proud especially if we are aware that in the general progress of medicine, our special field of pediatrics has not been neglected.

It would mean "carrying coal to New Castle" if I would try to enumerate to you the results of the last thirty years in the diagnosis and treatment of children's diseases, the great advances in the feeding of children, the simplified methods of the last years, the classical work done by Finkelstein, the prevention of gastroin-

testinal diseases and the great advance in the treatment of these disturbances due to the labors of Langstein and Ludwig Mayer, Finkelstein's able collaborators.

Above all we must not forget the work done in connection with the improvement of the milk supply, of which this State and our society can be especially proud as it was due to the painstaking work of our first president, Doctor Henry Coit, that the first clean milk was produced.

At random I call your attention to the serum treatment of diphtheria, to the genius of Joseph O. Dwyer, the inventor of Intubation, to the conception and surgical treatment of Pylorus Stenosis, to the Lumbar puncture and Serum treatment of cerebrospinal meningitis of common benefit to both Internal Medicine and Pediatrics, to the work done in rickets, scurvy and the blood diseases, to the treatment of hypothyroid conditions and last, not least, to the enormous amount of prophylactic work, which is done at present all over the world but most intensively here in our own country, not forgetting our home State, New Jersey.

The Baby Welfare work, while primarily of hygienic origin, has developed into a public health problem of foremost importance. "Save the Babies," has become a household expression everywhere. The influence of this work makes itself felt wherever it is undertaken. My home city with a population of hundred thousand has appropriated ten thousand dollars annually to begin with. Few better investments can be made by a municipality.

We have six stations and employ three physicians. These physicians see between forty and sixty children at each clinic day. It frequently happens, that the mother sends one of her older children to the clinic if she cannot come herself and the benign influence spreads thus to the other members of the family. I cannot better express the wholesome effect of this work than by using the words of one of our clinic physicians, who says: "I have yet to see a child brought to the station the second time in an unclean condition."

All these advances and accomplishments would certainly give us a feeling of immense satisfaction if there was such a thing as a feeling of absolute satisfaction in the human mind. Just as the virtuoso will forever, no matter how well he performs on his instrument, try to improve his technic so the medical mind will never be at rest and be satisfied with the

achievements of medical science. And there is a great field still obscure and still waiting for the explorer and while it would be a fallacy to look into the future and make prophecies on the possibilities of the development of pediatrics, yet there are some problems the solution of which may be expected within the near future.

Fritz Talbot of Boston read a paper on the "Future of Pediatrics" at the 1920 meeting of the American Medical Association and he considers the subject from the viewpoint of the medical school, the practitioner and the public. He deals in his paper with the problem based on prevention of diseases in childhood a propaganda of child welfare work by the general practitioner and a better education of the physician in this special field. He concludes his paper with the following words: "After graduation every practitioner should apply the principles of the prevention of disease. In those communities in which he is a pioneer, he should organize child welfare so that the poor as well as the rich will profit by his knowledge. The public is already prepared for such and will welcome it and perhaps even demand it."

"The practitioner need not fear that the application of these principles will decrease his income. On the contrary, although he will treat fewer sick children, he will have an increasing stream of children coming to his doors to be kept well. He will have the satisfaction of knowing that he has played a small part in diminishing suffering, in increasing efficiency, and in preparing the manhood and the womanhood of our country, for any emergency which the future may have in store for us."

The future of Pediatrics means to us more than the future of any other branch in medicine, not because it is our special domaine, it does not alone mean the work we are most fond of but it represents in itself the future of medicine. He who takes care of the child, watches and supervises it, recognizes its early deficiencies, and tries to correct them, smoothes the road for life and assists in the development of the growing child into a healthy and vigorous adult with a sane mind and a strong body that cannot be disturbed and destroyed by the vicissitudes of the struggle for existence of the human race. And in this early correction

prevention and treatment lie the fundamental exigencies of Pediatrics.

Whoever has practiced medicine for a number of years and has devoted his love and attention to the sick child will with all the great advances made, at times meet a feeling of depression when he stands at the bedside, just to take an example, of a child, that a few weeks ago, as the mother states, was in apparent good health, gradually stopped smiling, playing and now lies in its little crib with limbs stiff, head back and staring eyes, dying from a tuberculous meningitis.

To the physician tuberculous meningitis means, of course, the terminal stage of a tuberculous process, not so to the mother, who cannot understand, why her child in apparent good health, with rosy cheeks, should be doomed with the physician standing by and powerless to help. The treatment of this disastrous sickness belongs to the future, whether or not it is the last stage of a form of tuberculosis, which makes its entry into the system and produces its destroying power unobserved and undermines the very life of the child under our own eyes.

Through Ghon's excellent studies made in 1912 we know that in the autopsies of tuberculous children there is always found a primary isolated focus from which the infection spreads and it is remarkable that this primary focus is always a lung focus, for in 1,060 autopsies Ghon found that in only seven cases there had been a primary intestinal tuberculosis. This primary stage is followed by a secondary spreading through blood or lymph channels. Our therapeutic efforts can only be of value, if we succeed in making an early diagnosis of the primary stage. That will be a matter of future development.

There is another class of children that has had the attention of the profession of late. I refer to the cardiac cases. The struggle for existence is at present hard enough for a person in full possession of health, but if this person has to go through life with a valvular disturbance of his heart, even if compensated, then the outlook, especially if he has to earn his daily bread through manual labor, is very discouraging. Here the family physician becomes the master of the destiny of the child.

The early symptoms of inflammatory rheumatism, by far the most frequent cause of heart disease, should be familiar

to every physician. He should know, that the joint symptoms in childhood are not alone prominent, but may even be absent, that he should never be careless enough to tell a mother, when she comes with her child, complaining, that it tires easily and looks pale that there is nothing wrong and nothing to fear. Before he has a chance to see this child the second time very frequently a heart lesion is already established. An early prophylactic treatment with large doses of salicylate of soda, the best remedy at the time, will perform wonders, but I believe that the future will bring us a better method of prevention and treatment of this most important problem.

The focal relation of tonsil disturbances, inflammatory rheumatism and heart disease wait also for future development and enlightenment. The hypertrophy of lymphoid tissues in early childhood, including the enlargement of the thymus gland is a condition the explanation of which must be near its solution.

The physician with an active practice fears nothing more than the secondary broncho-pneumonias following infectious diseases, especially grippe, measles and whooping cough. While the prognosis in lobar pneumonia in childhood is generally favorable, this cannot be said for the broncho-pneumonias. I personally have received the impression, that the combined Pertussis Vaccine has somewhat of a favorable influence in this particular complication, but grippe and measles, when associated with these respiratory disturbances present a most doubtful prognosis.

Of the other infectious diseases, scarlet fever is still to be dreaded, and more so when it appears in its malignant form. The treatment with serum of convalescent patients has brought us nearer to the solution of this question but this form of treatment is possible only in large hospitals in the largest cities where there is always a chance for the acquisition of such serum.

Of the skin eruptions, I call your attention to the forms of eczema of the first two years of life. While a great deal has been done through general changes in the diet as well as by local applications, the results are still far from satisfactory. The sudden deaths during the treatment of eczema still wait for explanation. The irritant factors are unknown to us, and when through some

food change the eczema improves we should hesitate in our judgment that we are on the right road to conquer this disturbance. Of course the findings of late years in eczematous children are remarkable. They consist in a low limit for the assimilation of sugar and an abnormal chlorine and water retention, but these discoveries have had very little influence on the treatment.

The spasmophilic condition leaves still a wide field for exploration. This peculiar complex of symptoms belongs truly to the age of the child. Escherich has shown through the galvanic examination of the muscles in a large group of children that as high as 30% showed signs of the spasmophilic diathesis, even if they never had convulsions. Some very interesting observations will undoubtedly bring us nearer to a therapeutic success.

I mention here that the spasmophilic condition depends a great deal upon the season, as the majority of all convulsions happen during the winter months with the high peak between March and May, that infectious diseases, feeding disturbances and exacerbations of rickets do not alone rush in with new paroxysms but also produce a new inclination towards spasmophilia even if it has been absent for many months.

Ibrahim's observation is also very interesting, namely the absence of convulsions in certain countries which are free from rachitis, as for instance Japan.

So I have, as you observe, selected only a few factors from the many, which are available and of which I hope that we may still see an advance during our life time and while perfection may never be reached, yet what a pleasure will it be to practice the healing art among children, when success is frequent and failure rare. And while we physicians do not look for gratitude, and indeed do not experience it very often, we have fulfilled our mission in the thought of having performed the noblest duty which is to administer and serve the sick.

Small service is true service, while it lasts

Of humblest friends, bright creature!
scorn not one

The daisy by the shadow that it casts,
Protects the lingering dewdrop from
the sun.

First Appearance of Tetany—Wolff, in Archiv für Kinderheilkunde stuttgart, cites an instance of tetanoid manifestations in an infant only 7 weeks old.

CHOREA—A CASE.*

By Chas. F. Adams, A.M., M.D.,
Hackensack, N. J.

Chorea, or St. Vitus' Dance, as it was named by Sydenham, who first accurately described it. The first name is an Anglicizing of the Greek word "**Choreia**," meaning a dance; the second name owes its origin to the success of St. Vitus, in exorcising certain epidemic and evidently hysterical affections of the Middle Ages, which were characterized by frenzied dancing.

Chorea is a sub-acute, non-febrile disease affecting children, mainly between the ages of five and fifteen, and girls by preference, in the proportion of 2.5 to 1. It is more prevalent in urban populations, during school life, in the spring and autumn, and in children of neurotic heredity or tendency. It is world-wide in distribution, but very rare in pure-blooded negroes or Indians. Psychic impressions and reflex irritations have been assigned as causes, without proper substantiation however; scarlatina, pertussis and rubella are sometimes followed by chorea, but probably because of their impairment of the general health. A degree of anemia is a frequent but not invariable accompaniment.

The most important related condition is articular rheumatism. This frequently precedes chorea, seems not seldom to be a predisposing cause, and yet a causal connection cannot be demonstrated. Osler has shown that 21 per cent. of 554 cases had had acute or subacute articular swellings. English writers place the percentage much higher. The rate at Johns Hopkins was 18¼ per cent. in 175 cases.

The manifestations of the milder form known as Sydenham's chorea are sufficiently familiar. Certain neurotic symptoms may precede; change of disposition; the subject becomes capricious, impressionable, forgetful and inattentive, with more or less extensive myalgia and restlessness. A degree of loss of muscular co-ordination, awkwardness, the dropping of objects, &c., may precede the choreic movements. The latter begin with facial grimaces, winking, then involuntary movements of the arm and hand, extending to the shoulder and neck, and increas-

ing in extent and intensity until they become quite general, usually with left-sided aggravation. In extreme cases, with an almost total lack of co-ordination, the patient will stumble or fall, or perform the most grotesque dancing movements. The muscles of the face and mouth may express joy, grief or anger in immediate and rapid sequence. Mastication and deglutition are very difficult, and the speech may be jerky, stuttering or barking, for the muscles of the tongue, pharynx and larynx participate in the inco-ordination. The subject may be unable to clothe or feed himself. With all of this there is constant restlessness, whatever his position, and whether he wishes to make a movement or not.

We should remember that true choreic movements are never rhythmical, but are always absolutely irregular and inco-ordinate; also that they are not only outside of all voluntary control, but usually are greatly aggravated by all effort at such control; yet, notwithstanding this, the patient ultimately attains his object. The effect of voluntary effort may serve to classify cases of chorea into four (4) groups:

1. Cases which present no movements when at rest, and develop inco-ordinate twitchings only during voluntary effort;
- 2, cases which present constant movement, which movement is greatly increased by voluntary effort;
- 3, cases in which inco-ordinate movements cease during intentional effort. These cases are rare;
- 4, cases in which the movements are unaffected by voluntary effort, continuing at about the same rate whether the patient is at rest or making effort.

These differences in the effect of conscious effort are not continuous in any one case; per contra, any one case may present all these various effects of effort. In extreme cases sleep may be seriously interfered with, or indeed impossible. In the great majority of cases sleep comes on normally, with gradual and complete subsidence of the movements; and sleep will usually be uninterrupted, unless the patient dreams.

Some psychic disturbance is the rule, varying, indeed, from the slightest symptoms to the most pronounced mental disorders. The character may be greatly changed before the appearance of the chorea. A sweet-tempered child may become irascible, wilful, disobedient, lazy, taciturn or emotional. A studious and

*Read before the Associated Physicians of the Hackensack Hospital, May 6th, 1921.

diligent child becomes absent-minded and forgetful; an affectionate one indifferent or sullen. The face may become dull, the eye haggard and the intellectual faculties obtuse.

We have noticed the frequent association of articular rheumatism and chorea. This relation is emphasized by the prevalence of endocarditis or its resulting valvular lesions, in choreic cases. Many cases of endocarditis accompanying chorea undoubtedly pass unnoticed, to announce themselves by organic conditions later. Osler, examining 140 cases two (2) years after the attack, found evidence of distinct damage to the heart in 51 $\frac{3}{7}$ per cent. Not all of these patients had had rheumatism, so that obviously cardiac lesions may develop in association with chorea quite independently of other rheumatic manifestations. In addition, the endocarditis with its sequelae, may either precede or follow development of the chorea. It appears, then, that chorea is a manifestation of the rheumatic diathesis, but of this diathesis as it appears in children. We do not often find the manifestations of rheumatism in chorea when it develops in adults. In short, the choreogenic rheumatism is the rheumatism of childhood.

The manifestations of chorea thus far discussed are essentially of the classic Sydenham type. Hereditary chorea or Huntington's chorea, resembles the former only in its movements. It is rare except in adults. It is always hereditary, tends to grow worse, and is accompanied by steady mental failure, ending ultimately in dementia. No cases of recovery are known.

Hysterical chorea, an association of the two conditions named, may manifest a preponderance of either element, the hysterical or the choreic. Its subjects are usually of adult age; it rarely is seen in children and its prognosis, as regards recovery, is most unfavorable. An important differential diagnostic point is that its movements are rapid and especially rhythmic.

As contrasted with the prognosis in the last two types, Sydenham's chorea runs its course in from six weeks to three months, usually clearing up completely. It may, however, show one or more recurrences on occasions of emotion, at the approach of puberty, or during pregnancy, and it may be followed by tics. But fatalities do occur, and Dieula-

foy, analyzing over 700 cases, finds a mortality of two to three per cent. Most of these result from the heart complications; the remainder are cases which develop an extreme mental condition, insomnia, passive and then active delirium, a temperature reaching in one case, 107 degrees F., with a pulse of 144, and death from exhaustion. Autopsies in these cases have shown vegetations on the mitral valve, but nothing, of course, to explain the chorea. The cases illustrate the "chorea gravis" of the older writers.

With this too hasty and superficial review of the subject, I invite your attention to an interesting case:

Mary F., aged 18, white, unmarried; of Austrian parentage; of medium height, ruddy blond type, fairly well nourished. A history of scarlatina at the age of eight, apparently not severe and without sequelae. No other illnesses discoverable except an attack of chorea at the age of 14, lasting one week. A tonsillectomy was done in June, 1920. Menstrual history 15 x 28 x 3.

Thorough physical examination is quite negative. The thoracic and abdominal organs are normal, as are the special senses. Careful and repeated examination of the heart fails to reveal any murmur or other evidence of a cardiac lesion. The patient's condition makes a satisfactory determination of the reflexes impossible. Urinalysis and blood Wassermann are negative.

Because of the patient's facial expression, a careful examination of her intelligence by the Binet method, was made by one of the special class teachers in Hackensack. This gave a rating of 52 to 54 per cent., equivalent to a 9½ year intelligence. As the patient states that she had reached Grade 8 B in grammar school, as this grade corresponds to a 10 or 10½ year intelligence, and as there has probably been some mental loss, this finding is consistent. The moral sense is extremely low.

But little light is thrown on the case by the family history. Her father and two sisters are living and well. Her mother died as the result of an abortion. One grandparent appears to have been epileptic.

The present attack began in March, 1919. The first symptoms were a gradually increasing awkwardness, followed by slight choreic movements of the hands, which gradually increased and extended

until they involved the forearms, arms, shoulders, neck, face and lower limbs, in the order named. The movements consist of the usual convulsive muscular twitching and jerking, varying from slight to very severe. It is difficult for the patient to dress or feed herself; yet she manages to do both. If left alone and apparently unobserved, she will sit quietly for considerable periods, though always evincing restlessness. Any attention given to her will excite or intensify the choreic attacks; conscious effort will do the same. The muscular contractions are not absolutely inco-ordinate, but exhibit a degree of rhythm.

The diagnosis is hysterical chorea. This is based upon the patient's age and the duration of the attack, both of which contradict the Sydenham type; upon the heredity, which excludes hereditary chorea; and, affirmatively, by the degree of rhythm in the movements and the general hysterical tendency. The patient, notwithstanding her mental dullness, is impressionable and excitable. A contributing cause of her condition is undoubtedly her home environment, which includes a nagging stepmother and teasing younger children.

Treatment: The patient was admitted on November 5, 1920. On November 6, she was put upon the liquor potassae arsenicalis five drops three times a day, the dose to be increased by one drop per dose per day until a maximum of ten drops was reached. In addition the triple bromides, gr. XV, three times a day, were exhibited. This treatment was followed until December 31, 1920, without appreciable result. About January 7, while the patient was under observation, Doctor Freeland, who has had the case under treatment, called the attention of the writer to a paragraph in Bandler's work on endocrines in which the author advocates the administration of the patient's serum, intraspinaly, in chorea. Further reference to this treatment may be found in the Practical Medicine Series, issue of 1919, Vol. 8, page 49. In the latter article, the author advocates drawing the blood from the patient's arm, allowing it to clot, centrifuging, and injecting the serum by spinal puncture. The withdrawal of 20 to 25 c.c. of serum is recommended. This treatment is evidently based upon the hypothesis that the manifestations in this disease are due to irritation of the cortex; that the causative

agent is a neurotoxin, that the corresponding antitoxin will be present in the blood serum, and that intraspinal administration of the latter should prove curative.

As other remedies had thus far failed, it was decided to try this treatment. Accordingly, on January 14, Doctor Raphael Gilady drew from the patient's arm a sufficient quantity of blood to furnish, on centrifuging, 7 c.c. of serum, and this amount was injected intraspinaly. No effect was observed, except possibly some stiffness and soreness in the muscles of the back of the neck, with slight occipital headache. These symptoms did not appear until four days after administration of the serum, and disappeared in two days. On January 24, sufficient of the patient's blood was drawn to yield 12 c.c. of serum. This amount was injected intraspinaly by Doctor Gilady under light ether anaesthesia. During the anaesthesia the hood of the clitoris was freed to the base by Doctor Freeland, examination by Doctor Harriet L. Knox having shown the advisability of this procedure.

Results: Following this second intraspinal injection not much change was noted in the patient's condition over a period of between three and four weeks. She was about the ward as usual, walking alone easily and without assistance. Then, about February 25, she entered upon a period of decided aggravation. She was unable to walk, and was confined to her bed. All of the choreic movements became greatly aggravated. The slightest nervous excitement threw her into a general clonic convulsion; she was unable to sleep or to feed herself, and her condition was pitiable. A striking feature of this aggravation was an extreme and general hyperhidrosis, so marked that the bed linen was constantly saturated. This annoying symptom disappeared after a three (3) days' administration of the third decimal trituration of silicic acid, four times a day, the dose being equal to 1-500 gr. of the crude drug. This remedy had no effect on the underlying condition.

For some time the writer had been considering the possibility of obtaining assistance in this case from the endocrines, as many of its features suggested a lack of endocrinous equilibrium. A review and comparison of the salient facts of endocrinology, as far as proven, prompted the selection of the parathyroid extract, because of the value of the extract as a

detoxicating agent. The Harrower preparation was used, and its administration, in five grain capsules three times a day, was begun on March 12, 1921. Quite promptly following this, marked improvement in the patient's condition became apparent. The choreic movements became gradually less extreme, less constant, involved fewer muscles, and were more susceptible to control. The patient was able to be out of bed, though at first unable to walk. Soon, however, she began to walk, with assistance, and then alone. Improvement in every direction continuing, she was given light work about the ward, such as sweeping and dusting, a degree of muscular control having developed that made this quite possible. Following this, she was given some instruction and drill in calisthenics and setting-up exercises. She was very soon able to do all the movements selected and acquired added confidence as she progressed. It seemed, at this time, as if the way out of our trouble was before us, in the direction of developed muscle training and control. Here, however, we were faced with the limitations of our hospital. The patient has not sufficient initiative or stability to carry out her exercises alone, and a nurse cannot be spared to drill her fifteen minutes twice a day. I believe that muscle training offers the best hope for the patient's future.

On May 5, the patient was seen by Doctor George F. Laidlaw of New York, who concurred in the diagnosis, and urged the advisability of muscle training. We discussed recent investigations by Rademacher and others along the line of calcium deficiency in similar cases of nervous imbalance, and agreed that these investigations might be of value in this case. Within the next few days our pathologist will determine the calcium content of the blood; if this proves deficient, administration of calcium chloride, will be begun, and its effect watched.

At present the patient is taking the third decimal trituration of metallic zinc, in doses representing gr. 1-1000 of the crude substance, three times a day. Slow improvement is continuing.

I am much indebted to Doctor Hallett and Doctor McFadden for permission to continue with the case during their terms of service and to the writers of the French School, especially the inventor of the aspirating syringe, Dieulafoy.

County Medical Societies' Reports

CUMBERLAND COUNTY.

E. S. Corson, M.D., Reporter.

The interest in the welfare of the society has been well sustained during the past year.

The character of the programs have been of highly scientific value. Several new members have been added. The professional guild of the county has not received the endorsement and attendance of the doctors as it should. The nurses have shown much interest and expended much effort to make it a success. The dentists and druggists have shown but little tangible interest. A few of our members attended the legislative meetings at Trenton. The annual picnic was a success and will be repeated, probably at Fortescue. The venereal propaganda of the Public Health Service is meeting with considerable co-operation and is producing results. A notable feature of the year was the resignation of Dr. T. J. Smith as medical superintendent of the County Insane Hospital. After twenty-two years of devotion and self-sacrifice in the service of the county. The proximity of the meeting of the State Medical Society should secure a goodly attendance of the South Jersey doctors.

HUNTERDON COUNTY.

The semi-annual meeting of the Hunterdon County Medical Society was held in the Grand Jury Room, Flemington, N. J., on Tuesday, April 26th, with the president, Dr. Heil, in the chair and with the following guests present: Drs. Hawke and Somer of Trenton, Drs. Harmon and Fuhrmann were elected to membership.

Dr. Romine of Lambertville reported upon the arrangements being made for the celebration of the 100th anniversary of the Hunterdon County Medical Society to be held during the month of June. At which time notable speakers will be present, along with the representatives from the adjoining county societies.

The Welfare Committee, in the absence of Mr. Gunn of the State Society, who was unable to be present, reported upon the legislative enactments of the past winter in Trenton, after which the society unanimously voted that thanks be extended to the Hon. Senator George Martens and the Hon. Assemblyman A. Lincoln Moore for their interest and efforts that the educational qualifications preliminary to the study of the healing art might be upheld.

The paper of the day was read by Dr. Frederick Low of High Bridge, taking as his subject "Chorea," which discourse was both entertaining and instructive.

Dr. Morris H. Leaver, one of our men who enlisted early in the great war, was present for the first time for the past three years. During which time he had served in various capacities in the Army Medical Corp.

The society accepted an invitation from the management of the State Village of Epileptics to attend a Tri-County Medical Society meeting at that institution on June 9th. (This report was received too late for earlier insertion. We will insert next month a brief account of Hunterdon's Centennial Celebration which was held June 21, 1921.—Editor.

MORRIS COUNTY.

Marcus A. Curry, M.D., Reporter.

The June meeting of the Morris County Medical Society was held June 21st in the afternoon at the recently established Physiatric Institute at Convent Station, Dr. Frederick M. Allen, director of the institution, making available to the society the spacious mansion and picturesque surroundings of the former Otto H. Kahn estate which has been converted into an institute of much magnificence. The meeting was held on the broad, shady westerly porch of the institute, Dr. William F. Costello, vice-president, presiding in the absence of President A. L. L. Baker, detained on account of illness.

Among the guests of the society were Dr. Augustus S. Knight, medical director of the Metropolitan Life Insurance Company and a member of the board of managers of the State Hospital at Morris Plains; Dr. Arthur G. Lane, Dr. George R. Hampton, Dr. George B. McMurray and Dr. Thomas B. Christian of the State Hospital medical staff. Dr. Carl L. Pierson of Netcong was elected to membership in the society by a unanimous vote.

A communication from Senator Arthur Whitney was read in which the Senator expressed his appreciation of the message of commendation which had been addressed to him, in behalf of the society, for his protection and support of the interests of the regular practitioners of medicine, during the recent session of the legislature.

A resolution passed by the Somerset County Medical Society was read in which was urged that the medical men appeal to the State Legislature for the relief of the congestion which exists in the State Bureau of Hygiene.

A very interesting and comprehensive account was given by Vice-President Costello of the work done and results accomplished by the Welfare Committee of the State Society and the full meed of praise was given to Chairman Eagleton and his associates for their indefatigable and consummating efforts put forth in behalf of the profession. Provision was made whereby the county society will do its part to continue and further the good work already accomplished by the State Welfare Committee.

Dr. Marcus A. Curry, superintendent of the State Hospital at Morris Plains, announced that the clinic for venereal diseases at the State Hospital had been reorganized and invited the medical men of the county to refer patients to the clinic which he would be very glad to have treated.

Appropriate notice was taken of the recent death of Dr. Harry Vaughan, a long-time and honored member of the society, who developed pulmonary trouble from the rigors of army duty on the Great Lakes and who recently returned from New Mexico where he had gone to battle with the disease which caused his death.

The meeting was featured by an address of welcome by Dr. Allen, director of the institute, and his outline of the treatment of metabolic disorders, in which the institute specializes. Five patients, picked out of fifty under treatment, ranging in age from a child of seventeen months to an adult of fifty, were presented in order to illustrate the lines along

which the institute works and to show the progress made in the specimens from the various groups. Treatment is free from drugs and mostly dietetic after the necessary tests have been made to determine the accurate diet of protein and carbohydrate calories required to stop degeneration and repair the damaged organ or seat of the trouble. Dr. Allen said that just as drugs have lost their value in the treatment of high blood pressure and other metabolic disorders, so are they useless in diabetes; that mineral waters have no value and that patients soon will stop going to mineral springs; that in the treatment he has gotten far away from the milk and liquid diet and the leaving out of red meat makeshifts, as he knows how much protein, carbohydrate calories are taken by the patient, as the treatment is by diet. Dr. Allen said that the specialized institution for the treatment of metabolic disorders is necessary, just as is the specialist, for the reason that to get results the machinery to work with must be available for definite laboratorial work and for accurate diet, that the general practitioner is not equipped to handle these cases and, as a rule, the general hospitals have not the provision to give the best care to diseases of these types. He said that while they could promise nothing definite at present he would be glad to receive suitable cases of epilepsy and asthma as he probably would start some studies along these lines; that suitable cases would be those severe enough to have attack often so that it could be seen if any progress were made.

The members of the society were shown through the wards and various parts of the institute by Dr. J. W. Sherrill and Dr. McClerq of the institute and Dr. Allen was generous in byinviting and answering questions propounded by the members of the society.

To a suggestion that a rising vote of thanks and appreciation be given to Dr. Allen and his associates for the courtesies so freely extended, there was a ready and unanimous response.

The next meeting of the society will be held in September at the State Hospital where the society has a standing invitation to hold its annual meeting.

SALEM COUNTY.

William H. James, M.D., Reporter.

The annual social meeting of the Salem County Medical Society was held at the Country Club on Wednesday, May 18th, at 1 o'clock. P. M.

The enjoyable feature of the afternoon was a planked shad dinner which was thoroughly enjoyed by everyone present. After the dinner there was an informal meeting of the society at which Dr. E. W. Kauffman of Pennsgrove was elected a member.

There were delegates from Cumberland and Gloucester counties. In most instances the wives of the physicians were present, thus making it one of the largest meetings in the history of the society. A number of the members present enjoyed the golf links and judging from some of the plays made, "Chick" Evans would not have much on some of the players.

The next meeting of the society will be held at the Nelson House, Salem, on November 2.

JOINT MEETING OF THE MEDICAL SOCIETIES OF SOMERSET, MERCER, HUNTERDON AND MIDDLESEX COUNTIES.

Anderson A. Lawton, M.D., Reporter.

A joint meeting of the medical societies of Somerset, Mercer, Hunterdon and Middlesex Counties was held at Smalley Hall on June 9th, 1921. The meeting convened informally at 2.30 and the play which had been prepared for Annual Day was presented. This play was called "A Rose Dream" and the cast was entirely composed of patients of the Village. The stage was elaborately trimmed with roses, carrying out the idea of the play.

After the conclusion of the entertainment by the patients, Dr. Renner, first assistant physician of the New Jersey State Village, and president of the Somerset County Medical Society took the chair. He called the meeting to order, and suggested that the different societies represented have their business meetings after the programme, as the hour was getting late, and this method would conserve time.

Commissioner Lewis of the Department of Institutions and Agencies, read a very excellent paper on "The Treatment and Modern Training of Patients in State Institutions," after which he gave a very interesting talk on the medical work in the various institutions and the development of the same. He dwelt briefly on each institution in turn and sketched the progress made along medical lines, together with the need and the plans of the department for future expansion. He asked for the co-operation and support of all of the medical men present in the furtherance of these plans and said that they would have an opportunity to do this at the coming election when the question of floating a bond issue for the purpose of putting through the proposed building programme would be put directly up to the people. (We will insert this address in next month's Journal.—Editor.)

Dr. Renner asked if there were any comments or question on this paper, but as no one took the floor he introduced Dr. Samuel B. English, Superintendent of the N. J. State Sanatorium for Tuberculosis Diseases.

Dr. English had for his topic "Tuberculosis." He dwelt principally on the diagnosis of the disease and spoke of the x-ray as a very important factor in making an accurate diagnosis.

Following the reading of this paper, Dr. Weeks spoke of the work done by Dr. English and his associate, Dr. Heard in examining the patients of this institution. He spoke of the epidemic of influenza which prevailed at the Village and said that according to popular belief a large percentage of tuberculosis would follow such cases. He asked Dr. English for the results of this test.

Dr. English said that he was very grateful to Dr. Weeks for the opportunity of examining the patients of the Village. He said that it was the general belief that the epidemic of influenza had greatly increased the amount of active tuberculosis and that it was, therefore, a revelation to him to come here and examine over six hundred patients, a greater part of whom had had the influenza, and see the way in which the lungs had cleared up. He said that it looked to him as if those tuberculosis workers, who were sure that the epidemic of influenza had increased the amount of tuber-

culosis might not be correct. He had expected to find many more cases at the Village, but out of the six hundred examined there were found only eighteen cases and only two-thirds of these were active and only two of the six hundred had tubercle bacilli in the sputum.

Dr. A. P. Hasking, the County Physician of Hudson County, was the next speaker. He gave a paper on "The Relation of Epilepsy and the Psychopathic Hospital." He said that the average hospital did not want the epileptic, but in spite of the general belief that this class of patients was really not as difficult to care for as many other cases. He spoke of certain persons who had convulsions who had been greatly helped by removing the exciting cause, such as badly defective teeth, and said that very often if the toxic condition were cleared up the number of convulsions would be greatly reduced and the patient would be made an economic asset.

Dr. Weeks addressed the chair at this time and was recognized. He said that following Dr. Hasking's paper, he felt that it was an opportune time to speak of the work at this institution and needs. He said at the present state of development it was impossible to give patients much more than custodial care. He said that they were greatly in need of more facilities for carrying on the work. Among the most pressing needs are a Treatment Building and Admission Cottages. The latter are to be used in which to hold patients for observation and treatment. It is the plan to take a patient as early in the development of the disease as possible and keep him long enough to make a thorough examination and observation of the case. The results of this observation will be reported back to the relatives of the patient, after which they shall feel perfectly free to either take the patient back home or leave him at the institution for further treatment. In the Treatment Building there would be a full equipment of all the apparatus necessary for the treatment of nervous and mental cases. This would entail enlarging the present medical staff to include a thoroughly trained Neurologist and Psychiatrist as well as an Internist. He said that with these buildings he felt that they might place the institution in the front ranks of those that were treating and caring for the epileptic. He made an earnest plea for the support of the medical profession in making this possible at the coming election.

After a few words of general greeting and an expression of appreciation for the large attendance, Dr. Weeks introduced Dr. Emerick, the Superintendent of the Ohio Institution for Feeble Minded, who was making a brief visit at the Village.

Dr. Emerick said that Ohio looks to New Jersey for many things in institution work, especially in epileptic work, and while Dr. Weeks was very anxious to carry out his plans for placing this institution in the front ranks, he considered that the institution at Skillman was at the front; that institution men in other states looked to New Jersey as being in the front ranks in the care, not only of epileptics, but of the feeble-minded and insane as well, and that after a visit to Skillman he went home feeling that he had the very latest in everything in institution management.

Following this Dr. Renner said that he

thought it would be interesting to the visitors to see some typical cases of epilepsy, or typical cases of epilepsy as found in an institution. He spoke of the patients who had given the entertainment before the meeting and said that they were high-grade patients, but that most of them were deteriorating and that in eight or ten years a great many of them would be demented or dead. He referred to Dr. Hasking's talk and said that there were a great many cases of convulsions that were called epilepsy which were not true cases of the disease. In such cases if the aggravating cause is removed the patient is cured, but in cases of regular epilepsy, no one has so far found a remedy. He said that he wished to present some of the typical cases as found in the Village.

The first two cases were high-grade patients, active mentally and if met casually would be considered normal men. One of these, however was beginning to deteriorate but the other was still making progress. The next patient presented showed the danger of taking a patient out of the institution after he had become used to the routine. This patient got along so well in the institution, that his family decided he was cured and should be at home. Objections were raised by the medical staff at the Village, but this was overruled. The patient was taken home and while there he was given entire liberty and petted and indulged in every way. He was at home eighteen months and during that time he stole, stayed out late nights and was generally unruly. He was brought back to the institution, but it took many months to readjust him to the regular routine and he will never be able to regain the same standard that was formerly his.

In contrast with this patient one was presented who was about the same degree of mentality as the preceding one at the time of his first residence at the Village. His appearance was much brighter and he gives no trouble at all and enjoys more privileges. The next case presented was one of the very unusual cases of epilepsy. He was a man fifty-five years of age, who had had convulsions for forty-nine years. He is energetic and reliable. At one time he was transferred to a cottage in which he had nothing to do and after four days he begged to be put back in the other cottage and set to work.

Following this was a case showing the effects of epilepsy even though the patient does not have convulsions. This patient was in the institution for thirteen years and did not have a regular epileptic convulsion, though he did have epileptic equivalents. He had a remarkable memory for dates and facts and was very accurate. After being at the Village for thirteen years and eleven months he had a grand mal convulsion since which time he has had four or five in the past year. He is now deteriorating rapidly.

The next case presented was a case of his-tero-epilepsy. As a younger man at home he had not been quite up to normal and had had some convulsions, but when the family talked about this fact, he stopped having them. Later he began to drink and had convulsions from drink. He was brought to this institution and after elimination of the toxemia he stopped having convulsions. He was taken home and

while there he had convulsions if he was not allowed to do as he pleased. He was brought back to the institution. He will state that he is going to have a convulsion, and unless stopped will do so. The next case was one of hysteria combined with epilepsy. He has regular grand mal convulsions and hysterical attacks usually of the pulmonary variety during which he has, apparently, great difficulty in breathing and loss of power of the limbs.

Another class of cases that have convulsions, and because they have convulsions are classed as epileptics and sent to an institution. The first of these was an early general paresis case. He has delusions of grandure and frequently imagines that he has large amounts of money hidden at different places. Another type is that of senile convulsions. The case presented was an old man who had had his first convulsion when he was sixty-seven years of age. The last case presented was a patient with dementia praecox who had convulsions.

Dr. Renner asked Dr. Henry B. Costill, the first vice-president of the State Medical Society, to say a few words. Dr. Costill expressed his appreciation of the manner in which those present had been entertained and said that it was up to the body to support the institution heads in the course they had mapped out. He moved that a vote of thanks be extended to the superintendent and his assistants for the pleasure given those who were fortunate enough to be able to attend the meeting. This was seconded and carried by a rising vote.

Dr. James Hunter, the second vice-president of the same body, was next called upon. He said that he was very much impressed with the work being done for the welfare of the inmates of State institutions. He was convinced that one thing was needed, money, money and then some more money, and that behind this it was necessary to have politics, politics and then some more politics; that the medical men must awaken to the need of professional men in politics. They are mere babes in the woods in political matters and they must get into the game.

Dr. W. J. Chandler spoke briefly about the county organizations, and said that all men of the medical profession should be brought into these bodies as much benefit was to be derived from them. He expressed his appreciation and enjoyment of the meeting.

Dr. David C. English was asked for remarks. He said that he had found out long ago what Dr. Costill and Dr. Chandler had recently found out, namely the pleasure and privilege of attending meetings at the Epileptic Village. He said that these meetings were always intensely interesting and exceedingly instructive. He was much pleased with Commissioner Lewis's speech and especially with that part which related to the medical work done in the institutions of the State and the plans made for the future, and to hear Dr. Hasking second his remarks. He believed that every one should heartily support such methods for advancing the health of the citizens of New Jersey and also of advancing the period of human life. He said that it was easy to convince the doctors, but that the great need was to convince the public. The people of New Jersey should know the facts. Many of them are ignorant

of matters relating to institutional care of patients and should be educated. He warmly advocated public meetings with the best speakers to carry on this work and the work of the State Society's Committee on the Profession's and the Public's Welfare. He said that he always went home from Skillman convinced that the Village was doing a magnificent work, and that credit was reflected on the State of New Jersey for supporting the same.

Dr. R. B. Scarlett, president of the Mercer County Society, expressed his gratitude for the privilege of attending the meeting and seeing the cases and said the medical profession must organize to fight the pernicious legislation that is going on.

After supper Mr. Hamilton Foley of the Radium Chemical Company gave a talk on the manufacture of radium. He had a very interesting film showing the different processes through which the ore must go in its process of refinement. He said that the European ore was much richer than the American. It takes five to six tons of the European ore to produce one gram of radium, while five to six hundred tons are required of the American ore for a like quantity. This means practically one part of radium in every four hundred million parts of ore.

Following this a film was shown of epileptic convulsions. These pictures were taken at the Craig Colony for Epileptics, at Sonyea, New York.

This was followed by pictures of the Village. This method was used for showing the visiting physicians something of the work and life of the Village as the time was limited and this afforded a compact sketch of the workings of the entire institution.

Bountiful refreshments were served after the meeting adjourned.

Local Medical Societies.

Camden City Medical Society.

The regular meeting of this society was held in the Camden City Dispensary building on Tuesday, June 7, at 8.30 P. M.

An excellent paper was read by Dr. Edward C. Pechin of Camden, on "Pulmonary Tuberculosis in Infants."

The discussion was opened by Dr. Ernest G. Hummel of Camden, several others taking part.

Associated Physicians of Montclair and Vicinity.

Walter B. Mount, M.D., Reporter.

The final meeting of a most successful year was held on Monday evening, May 23rd, 1921, at the Montclair Club, Montclair. There was a large and attentive audience, as has been the case at all of the meetings, because of the excellent program provided by the president, Dr. William H. Areson, and his Executive Committee.

"X-Ray Aspects of Chronic Small Intestinal Obstruction" was the subject of a talk with lantern slides of x-ray plates by Dr. James T. Case of Battle Creek, Mich., Surgeon and Roentgenologist, Battle Creek Sanitarium and Hospital, and Professor of Roentgenology, Northwestern University Medical School, Chicago, Ill. The discussion was opened by Dr.

Harry M. Imboden of New York, Roentgenologist to the Presbyterian Hospital, and a member of the American and the New York Roentgen Ray Societies, and was continued by Dr. Edward L. Kellogg of New York, Professor of Gastro-Enterology, New York Polyclinic Medical School; Dr. Leon T. LeWald of New York, Professor of Roentgenology, University and Bellevue Hospital Medical College, and Dr. Case. The attendance was large and included many surgeons and roentgenologists from Newark and other communities.

The following were elected to membership in the society: Dr. William J. Bull of Montclair; Dr. Edward H. Crystell of Nutley, Dr. Eric H. Lindblade of Montclair, Dr. Arthur G. Pilch of Bloomfield, and Dr. Silvestro Prestifilippo of Montclair. Before the meeting the Executive Committee entertained the speakers and several guests at dinner at the Montclair Club.

An equally attractive program for the coming year is promised by the officers newly elected at the annual meeting on May 17th.

The Executive Committee will consist of the president, vice-president, secretary and treasurer, and the retiring president, Dr. William H. Areson of Upper Montclair, with the following six chosen by the president: Dr. Edwin E. Bond of Caldwell, Dr. Arthur C. Bush of Verona, Dr. Harvey M. Ewing of Upper Montclair, Dr. Henry C. Harris of Glen Ridge, Dr. Morgan D. Hughes of Bloomfield and Dr. Walter B. Mount of Montclair. This committee has already decided on a tentative program for the next year. Dentists are to be admitted as associate members of the society, and as before, the meetings will be open to all physicians and dentists.

Washington Society of Clinical Medicine.

Dr. F. J. LaRiew, Secretary.

The monthly meeting of the Washington Society of Clinical Medicine was held at the home of Dr. Theo. Fulper, Hampton, N. J., Tuesday evening, May 17th, 1921, with Dr. F. P. McKinstry, the president, in the chair. The following members were present: Drs. McKinstry, Smith, Dedrick, Williams, Zuck and LaRiew of Washington; Dr. Lane, Bloomsbury; Dr. Fulper, the host, Hampton; Drs. Correll and Struthers, Easton, Pa. With Dr. Joseph Stotz, Easton, as a guest. 11 in all.

On motion Dr. Stotz was extended the courtesies of the floor in all discussions.

Dr. Paul Correll then presented the following motion:

Be It Resolved, That the Washington Society of Clinical Medicine (composed of physicians of New Jersey and Eastern Pennsylvania), go on record as being emphatically opposed to state medicine, and to any schemes for Health Centers, Group Medicine, Diagnostic Clinics and Compulsory Health Insurance, either wholly or partly controlled, operated or subsidized by the State or national government; and that the secretary present a copy of these resolutions to the State delegates of New Jersey and Pennsylvania, to the American Medical Association; and that such delegates to the American Medical Association be instructed to present this resolution at the House of Delegates of the American Medical Association at its coming session in June and to use every possible means to secure its adoption.

The motion, seconded by Dr. A. Zuck, was adopted unanimously. In speaking for the resolution, it was said: "Shall American women be cattlized? There is danger that maternity reform may yet succeed in placing American mothers and their children under the departments of government where cattle are placed and in some respects for the same purposes. There is also a tremendous waste of money. Whatever else may be brought under government ownership and control the American home should never be socialized. What man wants the government to control his wife. Maternity legislation makes the white man the equal of the Indian—a ward of the State. The cattlization of the women of the State is a dreadful thing to contemplate in view of the failure of the government to control airplane construction, ship building and railroads. This appeal by resolution is made to exert all proper influence to save our homes, mothers and children from coming under the control of bureaucrats at Washington, D. C., and elsewhere."

Dr. Correll then read a letter which he had received from Charles J. Whalen, editor of the Illinois State Medical Journal, which deplored the fact that the rank and file of the medical profession are being betrayed by medical men in high position. In fact two A. M. A. trustees—Dr. Phillips of New York City and Dr. Billings of Chicago—are both for Health Insurance, State Medicine, Health Centers and Soviet Government Ideas. At the recent hearing of the Shepard-Towner Maternity Bill at Washington, D. C., had done nothing to help the rank and file although many State societies are on record as against the bill. He said the delegates from the New Jersey State Society to the A. M. A. meeting at Boston in June should work with the delegates from Illinois, New York, Wisconsin, Michigan, Indiana and Massachusetts to bring about the reforms that are needed in the A. M. A."

The paper of the evening, "Lethargic Encephalitis," was read by Dr. Theo. Fulper, the host. It was thorough and comprehensive and showed that the doctor had studied the matter thoroughly. He cited cases in his practice and the discussion brought out many good points.

OTHER ORGANIZATIONS.

New Jersey Sanitary Association.

The Executive Council of this association met with its chairman, Dr. C. W. Crankshaw, in his office in the Prudential Building, Newark, at noon on June 23, ten members being present. After enjoying the hospitality of the chairman at dinner. The program for the annual meeting was considered. It was resolved to hold it in the Laurel-in-the-Pines Hotel, Lakewood, on December 9 and 10, 1921. Several subjects were suggested for papers on Public Health, Medicine, Engineering, Schools, etc. Some were adopted and the others, with power to select and arrange program were left to a committee, consisting of the president, Dr. Randolph and Drs. Crankshaw and Craster.

American Therapeutic Society.

This society held its twenty-second annual meeting in the Arlington Hotel, Washington,

D. C., June 3 and 4, 1921. The president, John C. Hemmeter, M.D., of Baltimore, in the chair.

The president's address was on "The Human Constitution and the Perspectives on Pathogenesis and Therapeutics of Today." There was a symposium on Alcohol with ten papers; fifteen other papers were presented, Dr. Goldstein of Camden read one on "Acromegalia with Leukemia. President Hemmeter held a reception on the evening of June 3, and the annual dinner was on the evening of June 4th, both in the Arlington Hotel. The by-laws of this society prohibit communications or discussions of any kind favorable to secret, patented or trade-marked medical products.

National Medical Association.

This association, organized at Atlanta, Ga., 25 years ago, is composed of Negro physicians, surgeons, dentists and pharmacists of the United States. It will meet this year at Louisville, Ky., August 23-26, when 1,000 delegates are expected to attend. A leading feature of the annual meeting are the clinics—surgical, medical, dental and pharmaceutical. Dr. Walter G. Alexander of Orange, who is a member of the N. J. Assembly, is general secretary of the association, and Dr. G. E. Cannon of Jersey City is chairman of the executive board.

AMERICAN MEDICAL ASSOCIATION.

Publicity Work.

Dr. Dwight H. Murray, Speaker House of Delegates, Address on Opening the A. M. A. meeting.

He said: Ethical exclusiveness which had characterized the deliberations of professional men in the past appeared to be vanishing, and the new idea was that the general public should be given more information about preventive medicine. The physicians should take the public into their confidence in larger measure than they have done in the past. Dr. Murray proposed the establishment of a Lay Health Journal through which the medical profession would undertake to give an authoritative link between the profession and laity, printing medical news for the layman to enlighten him on matters of medicine, dealing particularly with preventive medicine, social hygiene, medical survey of industries, medical legislation, sanitation, communicable diseases and the like. He suggested that this matter might be taken up with the Surgeon General of the Public Health Service in Washington, partly with a view toward financing the proposition.

Protection was the one and only thing that we get from our Government, he said. Surely this kind of protection was the very best and if properly presented would do away with much if not all thought of so-called Health Insurance and other maternalistic plans that were continually being brought forward by some misguided philanthropists. Education in all fundamentals of hygiene and health matters was the greatest protective measure and why should we not through Congress give this protection to the people at large? Let Congress be memorialized if necessary and follow it up actively to obtain a full department

of public health as had been recommended by others which if granted would solve the Public Health journal question. Dr. Murray said that the influence of more than 85,000 members of this association should have weight enough with their individual legislators to put such a law through without question.

The answer of the medical profession to the nation's need in time of war, when two out of

every three medical men in this country offered their services in some capacity, ought to vouchsafe the much-needed Department of Health: they did a service worth while, at great personal sacrifice. Surely these men could be trusted with the management of such department.

Address of the President-Elect.—Dr. Hubert Work of Pueblo, Col., made a brief address in which he emphasized the duty of the medical profession to educate the public in the prevention of disease. He declared that the achievements in medicine had been hidden from the public in the past because there had been no means for displaying them, so that the people for whom the medical researches and medical discoveries were made heard nothing about it. Medicine should be advertised, said Dr. Work. It should be popularized. Much more work should be done by the health authorities along these lines. State societies should have paid secretaries who could give their full time to the work, and the A. M. A. should have a staff of paid secretaries to do organization work. Dr. Work then made a strong plea for the establishment of a department of health and public welfare in the Federal Government as provided in Senate Bill 1039 or Senate Bill 1607.

He further said: "No one now believes that the physician should husband his special knowledge and sell it to individuals only; medicine is recognized as a public service, and we must contribute our quota to the public welfare because we are citizens set apart as servants of health. There is uncertainty in the minds of thoughtless people as to the difference between physicians and pretenders, a confusion due to the fact that many diseases are self-limited regardless of treatment applied. Many that are sick recover quite independently of the kind of treatment, or in the absence of medical advice.

When recovery occurs under the ministrations of those ignorant of anatomy, physiology or pathology, it is regarded as a phenomenon. If under the care of a trained physician, it is regarded as the logical result. The attitude of a physician toward disease is to prevent it if possible; or, failing this, to aid Nature in the contest against it, by simple measures if he can, or by radical means if he must. The most intelligent, educated effort is necessary to either. The attitude of the quack is not to prevent disease but to invent it; to entertain the patient with promises of a cure he cannot give for a disease he cannot diagnose. Physicians are indifferent to quackery as a competitor in all its phases. Their only interest in medical licensure is to prevent appropriation of the title Doctor of Medicine for the purposes of deception. The organized medical profession does not attempt to control, nor does it care what a practitioner prescribes,

provided he has learned what the human body is, through his knowledge of anatomy; what it does right in health, through his study of physiology; and what it does wrong in disease, through his training in pathology."

Bill for Welfare Department.—The measure sponsored by President Harding and his physician at the White House, Gen. Charles E. Sawyer, providing for the reorganization of the health, educational and social welfare activities of the government has been presented to Congress. In the Senate it was introduced by Senator William S. Kenyon of Iowa, and in the House of Representatives by Representative S. D. Fess of Ohio. A new department with a cabinet officer is established with the title of the Department of Public Welfare. The proposed department is divided into four divisions with an assistant secretary at the head of each. They are: division of education, division of public health, division of social service, division of veteran service. The President is authorized to transfer and bureaus, boards or commissions operating in other departments to the new department. Provision is made for the abolition of the office of Surgeon-General of the U. S. Public Health Service, this service to be assigned to the new division of public health. The Bureau of War Risk Insurance would be abolished and assigned to the new division of veteran service. The Bureau of Pensions would be transferred to the proposed veteran service.

Dr. Chas. B. Pinkham, secretary of the Board of Medical Examiners of California, says:

As the chiropractor educates the public, so should the medical profession educate the masses that they may have a clearer perception of the effect of disease, the cause of disease and the prevention of disease. This campaign of education should convince the public that an individual untrained in the diagnosis of communicable disease is a serious public menace. National, state and municipal organizations should join, waging the campaign comprehensively, intensively and unceasingly. Newspapers and lay magazines should be utilized in convincing the public that (1) a minimum standard of education should be required of every one who seeks the authority of the State to practice any system of the healing art. 2. Chiropractic nomenclature must be changed so that (a) the hour of instruction will be at least fifty-three minutes and not as now, but thirty minutes; (b) the year of instruction will conform to that of modern education, which cannot concede that three years of education can be completed in eighteen months' continuous work.

Making a Skilled Physician.—Hippocrates named six conditions necessary to become a skilled physician: Natural talent, instruction by a competent master, a place favorable to study, education begun in youth, love of work and long application. The first of these conditions is the most important, for where there is not a natural disposition it is useless to attempt to force Nature. Theory should be combined with practice. Want of experience begets either timidity or rashness. Timidity discloses impotence and rashness ignorance.—Tweedy, British Medical Journal.

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

NOTE.—The transaction of business will be expedited, and prompt attention secured if,—

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OUR ANNUAL MEETING.

The 155th Annual Meeting of our State Society was one of more than ordinary interest and success, not only in the large attendance, but also in the excellent addresses, orations and scientific papers presented, and in the importance of the business transacted. Of the latter, the report and action on the Welfare Committee's work occupied considerable time and aroused much enthusiasm. It was evident that the delegates desired that work to be prosecuted with even greater earnestness during the coming year as they realized the profession's duty and responsibility of safeguarding the lives and health of the citizens of the State, against the schemes of incompetent pretenders and legislators who are, with the help of wily politicians, seeking their own selfish interests regardless of the public's welfare. The proposition to appoint a committee to consider amendments to the Constitution and By-Laws was wisely adopted. Some changes are worthy of consideration that would tend to increase the interest in, and the activity and efficiency of the Society. The local committee of arrangements made admirable provision for the social features of the annual meeting. The banquet was all that could be desired, it was decidedly out of the ordinary in its en-

tertaining and mirth-promoting features. The music was exceptionally fine, the able quartet gave vocal music that was enjoyed by all. The committee had provided over one hundred prizes for the doctors and their wives, which as they were announced, exhibited and delivered caused much merriment.

After the distribution of prizes, Dr. Carrington summoned the members of the State Society's Welfare Committee to the platform. Drs. W. P. Eagleton, H. B. Costill, D. C. English, J. C. McCoy, A. F. McBride and T. W. Harvey responded, Dr. Donald Miner not being present. Dr. Carrington presented each, in a few facetious remarks, with a diploma, reading as follows:

THE CURATORS OF THE

Coccygeal Pyro Quactic College

To All Whom It May Not Concern, Greeting:

Be It Known, That

has completed six easy lessons in "How to Cure What Ails You Without Drugs," and has, in his spare moments, studied, by mail a "Universal Philosophy of Biology, Theology, Theosophy, Health, Disease, the Science of the Cause of Disease and Art of permitting the restoration of the triune relationship between all attributes necessary to composite forms, to harmonious quantities and qualities by placing in juxtaposition the abnormal concrete positions of definite mechanical portions with each other by hand, thus correcting all subluxations of the articulations of the spinal column, for the purpose of permitting the creation of all normal cyclic commercial currents, of cash from the plethora purses of Barnum's pets, to the holder of this delinquent, deliquescent, deluded diploma.

(Seal) Ophelia Spyne Furcush, C.P., Pres.
Ima Flapdoodle, C.P., Secretary.

He then said:

"The Welfare Committee must not feel, from this rather light-hearted treatment, that this Society does not appreciate your almost superhuman work in Trenton. We do most highly appreciate it. And while we thank you, the people of the State, not the doctors, are the ones who are in your everlasting debt. But the doctors know better than the laymen how you gave your time, your brains and your hearts that humbuggery might be suppressed and that sanity shall not perish from the State. When I drop my hand all those who are in favor of thanking these six wonderful men for what they did in Trenton, say 'Aye' so that it

may be heard in the Capitol." There followed a tremendous shout of "Ayes."

Dr. Carrington then said: "In order to get out of the beaten path of the annual banquet gastro-oratorical debauches, we have asked a youth to address you, upon whose diploma the ink is scarcely dry. Only today the University of Pennsylvania has honored herself by conferring upon this young man the degree of LL.D. We have with us the young Dr. Hare, full of fire and enthusiasm and the Old Man full of mellow wisdom. I take great pleasure in introducing to you a man who has the unique distinction of being his own son."

Prof. Hobart A. Hare of Philadelphia then gave an eloquent and most helpful address on "Dangers and Duties of the Hour."

OUR WELFARE COMMITTEE.

The Welfare Committee of the State Society organized in Newark June 25th, re-electing Dr. Wells P. Eagleton as chairman. He agreed to serve temporarily. We know the doctor has made great sacrifice in purse and practice by past faithful service but it is the unanimous feeling of the members that they need his leadership another year. President Costill has reappointed the former members—Drs. Eagleton, Harvey, McCoy, English, McBride and Miner. Dr. Costill will serve ex-officio. He has added the following members of the State Society to the committee: Drs. F. J. Quigley, F. W. Pinneo, Stephen Quinn, Edwin Field, W. J. Carrington, H. L. Rose, J. J. McGuire, Fred Morrison Jr.

They will divide the work which will be vigorously presented the coming year for the Profession's and the Public's welfare, which means, substantially, safeguarding the lives and the health of the citizens of New Jersey.

THE AMERICAN MEDICAL ASSOCIATION.

The seventy-second annual meeting of this association had a remarkably large attendance. 5,500 members having registered. 106 of whom were New Jersey physicians.

The attendance at the Sections was unusually large and the papers presented were generally of a high order of excellence. Those of Drs. F. M. Allen, J. W. Sherrill and Robert E. Soule were very able and were well discussed. Beside

those mentioned in our June Journal who would discuss papers, we note the following as having taken part: Drs. John F. Anderson, New Brunswick; Fred H. Albee, Colonia; A. J. Casselman, Camden; T. R. Chambers, Jersey City; C. W. Crankshaw and Julius Levy, Newark, and Philip Marvel, Atlantic City.

The election of Dr. George E. de Schweinitz of Philadelphia as president meets with universal approval.

The association has formally pledged its support to the plan of a Separate Department of Public Welfare, and has offered to co-operate in every way. The association has appointed a committee to co-operate with Brig.-Gen. Sawyer in preliminary organization work. Members of the committee are: Dr. George E. de Schweinitz of Philadelphia, now president of the association; Dr. Thomas S. Cullen of Baltimore, Dr. Frank Billings of Chicago, and Dr. Charles W. Richardson of New York.

We have inserted elsewhere extracts from the able address of the President, Dr. Hubert Work, and of Dr. Dwight H. Murray, speaker of the House of Delegates.

WISE JUDGMENT NEEDED.

We have noted with surprise and regret some severe and questionable statements of physicians recently concerning the effects of the prohibition and anti-narcotic laws. The medical profession is composed of a body of educated men who are supposed to base their conclusions in matters of health and the prevention of disease on careful scientific investigations. They are law-abiding citizens who should seek review or revision of existing laws, which they believe to be so restrictive of their practice that they would be detrimental to the welfare of their patients and to the public health, by amendment to or administrative interpretation of existing laws. Inflaming the public mind is not conducive to the welfare of the profession or the public, as it tends to increase the existing post-war conditions of unrest, when tens of thousands of men are out of employment and many of their families are in poverty and distress. It should be remembered that those conditions of unrest exist in countries where there has been no such restrictive legislation.

We cite, as the better course of procedure, the actions taken at the recent

meetings of the American Medical Association and the American Medical Editors' Association:

At the recent meeting of the American Medical Association a resolution, introduced before the House of Delegates by Dr. Victor C. Vaughan of Ann Arbor, Mich., to the effect that the Association reiterated and reaffirmed its judgment of 1917 that the use of alcohol as a beverage was detrimental to human economy and that there was no scientific basis for its use as a food and in the treatment of patients, gave rise to a three hours' debate behind closed doors. The resolutions were finally referred to the Committee on Scientific Research with instructions that it give the subject full investigation and submit a report at the next meeting.

At the annual meeting of the American Medical Editors' Association in Boston last month resolutions were adopted declaring that the medical restrictions of the Volstead Act, together with its various administrative and other interpretations are obstacles to the free practice of therapeutics, and have reacted to the detriment of society and the public health; that the American Medical Editors' Association protest against further undue regulation of therapeutic procedure by statute or by administrative interpretation or regulation; and that the association requests of the proper authorities a review and revision of such existing statutes, rules, and regulations as may be unduly restrictive of the therapeutic judgment and procedure of physicians.

MEDICAL SOCIETY OF NEW JERSEY.

Additional New and Reinstated Members. Received During May.

Conover, Charles H., Pleasantville.
Craster, Charles V., Newark.
Cuskaden, Albion D., Atlantic City.
Fine, Moses J., Newark.
Madden, Leland S., Pleasantville.
Reynolds, Walter, Atlantic City.
Rosenblatt, Sidney, Atlantic City.
Russell, L. Crawford, Newark.
Silverstein, William R., Newark.
Sinkerson, Charles D., Atlantic City.
Steinhart, Louis P., Atlantic City.
Taylor, J. Richard, Montclair.
Wendel, Augustus V., Newark.

Received During June.

Adler, Joseph, Bayonne.
Armstrong, Edward, Weehawken.
Bumsted, Clarence V. R., Newark.
Creveling, Earle L., Jersey City.
Daly, Bert., Bayonne.
Decker, Clinton L., Newark.
Faunce, Matthew D., Haddon Heights.
Flynn, Edward, Jersey City.
Freidman, Aaron, Hoboken.
Goodwill, John J., Secaucus.
Gordon, Isaac L., Jersey City.
Gruessner, Alfred S., New Brunswick.
Kessler, Henry H., Newark.
Lampson, Montimer, Jersey City.
Lindenbaum, Henry, Los Angeles, Cal.
Londrigan, Joseph F., Hoboken.
Pannullo, John N., Newark.
Poole, Vincent T., Hoboken.

Hospitals; Training Schools.

Alexander Linn Hospital, Sussex.

Dr. H. D. Van Gaasbeek, president of the Hospital Association gave the first annual report of the hospital to the Board of Directors. After speaking of its great success, he gives the following facts: During the year 131 patients were admitted with a mortality of six; there were 16 maternity cases all successful. The cost of maintaining the hospital was more than they anticipated, but the receipts from subscriptions and patients exceeded their expectations. The hospital received \$20,000 from the estate of Wm. A. Linn, and from subscriptions and patients, \$9,034.14.

Hackensack Hospital.

Report for April, 1921:

Patients admitted, 203; discharged, 178; babies born, 31; major operations, 37; minor operations, 46; deaths, 10. Ambulance cases, 34; dispensary cases, 70; revisits, 69; x-rays, 182.

Muhlenberg Hospital, Plainfield.

Eleven nurses graduated from the Training School of this hospital on the evening of June 16th. The diplomas and medals were presented by Dr. B. VanD. Hedges. The scholarship of Teachers' College, Columbia University, was awarded for the first time, Miss Lucy H. Whitford of Plainfield receiving the honor.

Orange Memorial Hospital.

The new four story maternity pavilion of this hospital was opened with a reception on the evening of June 9th, which was attended by about 500 visitors. The whole interior of the building was decorated with flowers.

Salem County Memorial Hospital.

The following is the report for May: Admissions, 49; operations, 25; births, 12; deaths, 4; discharged, 49.

Vineland Hospital.

April Report: Patients admitted, 43; discharged, 35; deaths, 0; operations, 30; in hospital, May 1st, 26.

Hackensack Hospital Training School.

Graduation exercises were held of this hospital training school in Oritani Hall on the evening of June 9th, when eleven nurses received their diplomas, presented by former Senator W. M. Johnson.

St. James' Hospital Training School.

Seven nurses graduated from this training school in Newark on the evening of June 9th. Dr. Samuel E. Robertson presented the diplomas.

Middlesex Hospital Training School.

The graduation exercises were held in the Y. M. C. A. Hall on the evening of June 1st, when two nurses received diplomas. Dr. Laurence Runyon, president of the hospital staff, presented the class in a short address, and Miss Cook of the board of directors, presented the class pins.

Training School for Hospital Nurses.

As a means of meeting the shortage of capable trained attendants confronting the state hospitals, a training school has been established in Trenton and several pupils already have been enrolled. The object of the training school is to equip hospital attendants to render practical service, especially to mentally deranged patients.

Bonnie Burn Sanatorium.

Dr. J. E. Runnells, superintendent, reports for May, 1921, as follows: On May 1st there were 261 patients in the Sanatorium. This number includes 43 males and 38 females in the Preventorium. During the month 37 patients have been admitted; twelve of these admissions went to the Preventorium. Among these admissions there were three readmissions. The admissions are classified as follows: Pretubercular, 15; incipient, 3; moderately advanced, 2; far advanced, 17.

Deaths.

VAUGHAN.—At Morristown, N. J., June 22, 1921, Dr. Harry Vaughan, aged 46 years.

SPROUL.—At Flemington, N. J., March 29, 1921, Mrs. Amy H. Sproul, wife of Dr. Obadiah H. Sproul, ex-president of the Medical Society of New Jersey.

Personal Notes.

Dr. Frederick M. Allen, Morristown, entertained the Morris County Medical Society at the Physiatrie Institute on June 21st.

Dr. William Meier, Haskell, enjoyed a fishing trip last month to Swartswood Lake.

Dr. John C. Loper, Bridgeton, has been re-elected medical inspector of the local schools.

Dr. Charles G. Boyer, Annandale, spent a few days last month at Shippensburg, Pa.

Dr. George Henry, Flemington, addressed the local W. C. T. U. recently.

Dr. A. Schuyler Clark, New York, has resumed the practice of dermatology and syphilis and to October 1, 1921, has hours from 9.30 to 12.30 at 10 East 61st street.

Dr. Martin J. Synnott, Montclair, is enjoying his vacation at Saranac Lake. He is taking the six weeks' course at the Trudeau School of Tuberculosis ending August 1st.

Dr. Clarence C. Vreeland, Pompton Lakes, was ill at his home last month.

Dr. Charles D. Bennett, Newark, with wife and daughters are spending the month of July at Muskolsa Lakes, in Ontario, Canada.

Dr. Edward J. Ill, Newark, is at his summer home at Island Heights, N. J.

Dr. Horace M. Fooder, Williamstown, who has been an Assemblyman, is a candidate for Senator from Gloucester County.

Dr. George A. Van Wagenen, Newark, has returned from his stay in St. Petersburg, Fla., and is at his summer home at Lake Hopatcong.

Dr. Walter G. Alexander, Orange, Assemblyman, delivered an address at the commencement exercises of the Bordentown Industrial school last month.

Drs. Harry A. Stout, Wenonah, and H. B.

Diverty, Woodbury, are enjoying a six weeks' trip to the Northwest and Canadian Rockies.

Dr. James S. Brown, Montclair, has sold a valuable piece of property to the Montclair Lodge, F. and A. M., on which a Masonic temple is to be erected.

Dr. Harry H. Bowles, Summit, and wife are receiving congratulation on the birth of a son in their home recently.

Drs. E. Irving Cronk and Charles F. Merrill, New Brunswick, have been reappointed medical inspectors of schools for New Brunswick and Highland Park respectively.

Dr. William F. Faison, Jersey City, recently recovered \$6,000 worth of radium which had been thrown in the cellar with old bandages. Zinc sulphide was sprinkled over the cellar. A glow showed in the zinc sulphide which had been placed in the furnace and beneath it was found the tube of radium, which renders this substance luminous.

Dr. Frederick W. Flagge, Rockaway, recently returned from a trip to Vermont.

Dr. Joseph M. W. Kitchen, East Orange, has a paper in the June 4 Medical Record on "Blood Irritants of Dietary Origin."

Dr. Frederick E. Knowles, Boonton, and wife spent a few days in Atlantic City last month.

Dr. Elizabeth Mercelis, Montclair, has been appointed a member of the Board of Health for three years to succeed Dr. James S. Brown who declined reappointment.

Dr. Henry M. Pierson, Roselle, has been elected an honorary member of the local post of Veterans of Foreign Wars.

Dr. Frederick W. Owen, Morristown, and daughter recently returned home from Washington, D. C., where they spent a week.

Dr. George W. Strickland, Roselle, and wife recently returned from a stay at their summer home on Cedar Lake.

Dr. Millard F. Sewell, Bridgeton, is one of the charter members of the Bridgeton Rotary Club.

Dr. John H. Winslow, Vineland, has been appointed medical inspector by the local board of health.

Dr. Guy Payne, Cedar Grove, attended the Amer. Medico-Psychological Association Convention in Boston, Mass., last month.

Dr. Emma C. Clark, Dover, has been reappointed medical inspector of the Dover schools.

Dr. Charles M. Dane, South Orange, took a trip to Nova Scotia last month.

Dr. William James, Long Valley, and wife entertained the Music and Literary Circle in their home recently.

Dr. William B. Jennings, Haddonfield, was recently elected by the board of health as school physician.

Drs. Harry E. Lore, Cedarville, and W. P. Glendon and M. F. Sewall of Bridgeton, enjoyed a trip along the Maine coast after attending the A. M. A. annual meeting in Boston.

Dr. John F. McWilliams, Somerville, spent a week at the Atlantic Highlands last month.

Dr. Walter H. Smith, Haddonfield, was recently elected borough physician.

Dr. George H. Taylor, Maplewood, and family will spend the summer at Crystal Brook Park, where they have taken a cottage.

Dr. Grafton E. Day, Collingswood, met with a considerable loss by fire when the lightning struck his house on June 27th.

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CARCINOMA OF THE RECTUM AND PELVIC COLON; A CLINICAL STUDY.*

By **George N. J. Sommer, M.D.,**
Trenton, N. J.

There is no portion of the gastrointestinal tract subject to cancer which is so frequently overlooked, until it is too late to apply radical measures for its cure than that of the rectum and pelvic colon. Too often these patients are admitted to our hospitals in extremis from intestinal obstruction and resultant toxemia, without a diagnosis of the real cause of the patient's illness. It is with this all too frequent picture in my mind that I am bringing this subject to your notice. I am not going to take up your time by any discussion of the anatomy or pathology of the parts involved, but rather a short discussion of the symptomatology and diagnosis of these cases in their early stages.

Symptomatology.—Unfortunately there are no early pathognomonic signs of malignancy in this region. A careful analysis of the history of failing health in persons of middle age and beyond, with the complaint of vague and indefinite phenomena in the region of the lower abdomen perineum and rectum, and these attributed to piles, should call for a careful investigation of these parts. The presence of a mucus discharge often blood-tinged, thought to be dysenteric and many times treated as such, should excite our suspicion; later on mild obstructive symptoms, narrow ribbon shaped stools streaked with bloody mucus, and palpable masses in rectum or in the lower

abdomen to the left makes the diagnosis much easier. This seems to be the stage at which the patients present themselves to the surgeon. Often then it is too late to hope for permanent cure owing to inoperable glandular and liver metastases.

Diagnosis.—In the early stage diagnosis must be made on suspicion and confirmed by investigation. The important points are a good history, and a good physical examination, supplemented with laboratory and x-ray study. The omission of the rectal touch in early stages has cost many an individual his chance of permanent cure. It is easy to do, therefore it is often neglected until the patient's complaints make it imperative. The use of the proctoscope to localize the region of complaint and its extent is not often enough applied. The x-ray with or without the barium enema is of great importance in localizing the seat of the disease. In cases of intestinal obstruction the fluoroscope without the use of barium has been of great service to me in locating obstruction, by following the ballooned intestines down to the seat of obstruction. Observation of the barium enema as it is given confirms the seat of obstruction from below. A study of the stools for the presence of occult blood is of great value in determining the fact that there is serious disease in the intestinal canal. The presence of occult blood in the stool should call for an intensive study of the intestinal tract by the x-ray, because this is the only way we can locate early lesions of the lower intestinal tract, out of reach of the finger or proctoscope.

Treatment.—This varies largely with the seat of the trouble and the stage of the disease. It is not my province here to discuss the various procedures needful in a given case. Suffice to say that the

*Read at the Annual Meeting of the Medical Society of New Jersey, Atlantic City, June 14, 1921.

surgical procedure cannot be too radical. If thoroughly done the final result will be gratifying in the greater number of cases. I personally favor the most radical treatment of the rectal growth, namely, the abdominoperineal method in two stages. For the pelvic colon I believe a local extirpation suffices and in cases operated on by me the results have been excellent.

Statistics.—Of 30 cases of cancer of the rectum and pelvic colon coming under my care within 20 years, I have been able to remove the growth in the sigmoid in 4 cases, with one death. The remainder are living from 8 to 2 years without any further trouble. Of four cases of rectal cancer treated by the abdominoperineal method, one done in one stage, all recovered from operation, two are living after 4 years, without difficulty and one died in 9 months from local recurrence, and one from cancer of the stomach after 4 years. One done by sacral resection after Kraske's method 2½ years ago now has extension into the pelvic glands. In the balance of my cases only a colostomy could be done as nearly all were operated upon as obstruction cases. None survived more than a year. It can plainly be seen from this short resume how much the future of these unfortunates depends upon early diagnosis, and radical treatment.

Conclusions.—Cancer of the rectum and pelvic colon is a curable malady by surgical means provided it can be recognized early.

Lack of diagnosis depends upon insufficient investigation and examination, and poor interpretation of the history.

The use of the rectal touch, proctoscope, supplemented by the search for occult blood in the stools and the x-ray will greatly help to make an early diagnosis and reduce the lamentable results at present attained in this class of cases.

DISCUSSION.

Dr. Henry B. Costill, Trenton: Before opening the discussion, I want to congratulate the Society and Dr. Sommer on his ability to be brief and also clear. At the present time, the teeth, the tonsils, the gall-bladder, the stomach and the upper colon have attracted so much attention that I am afraid we have rather overlooked some of the symptoms that point to the lower bowel or rectum as the beginning of malignant disease. The history of carcinoma in the rectum in former years was so discouraging that a good many of the older surgeons almost came to the conclusion that it was as well to let the patient alone as it

was to operate. The necessity for education—education of the profession to make a more complete, careful, painstaking history and examination of patients presenting early symptoms or presenting minor symptoms, indefinite symptoms directed to the pelvis, which I feel is not a routine practice—is apparent. It is exactly the same here as it has been in carcinoma of the uterus; a campaign of education is going to be necessary before we can get these cases early enough for operation to be of any value. The mortality that Dr. Sommer has reported, though I know it has been particularly good, is rather discouraging, and it is discouraging because these cases come to the surgeon when the symptoms are so definite, the disease so far advanced, that operation of any kind, no matter how radical it is, is little more than palliative. It prolongs life somewhat, but does not offer complete restoration to health. Some of the early symptoms we probably overlook, taking for granted that they are due to hemorrhoids, such as a little indefinite pain along the sacrum, a little mucus in the stools at times, possibly a little blood stain, sometimes a little free blood, passed over as coming from internal hemorrhoids. We do not take pains to go deeply into the case and examine these patients as far as possible, and I feel that until we pay more attention to the history, more attention to the minor symptoms, more attention to heredity, we shall not make great progress. We can say all we please about cancer's not being hereditary; there is no question in my mind, after many years of observation that a tendency to cancer is very often transmitted. I feel that this is quite an important point in the taking of the histories of these cases.

Dr. Gordon K. Dickinson, Jersey City: There is one symptom that I did not hear Dr. Sommer mention. That is, an epigastralgia at the time of evacuation or just before. I have met with cases that bothered me a great deal. They had a pain in the pit of the stomach just before their bowel movements, and lasting a little while, to disappear shortly after defecation. That will continue for months before they show any of the other symptoms. At least, it did in some cases that I have seen. So if you have a gastralgia, bear in mind that there may be something doing around the rectum to cause these referred pains. When you get a case of so-called piles, it may be best to call it rectal carcinoma until you prove to the contrary. An examination should be made with the finger, to see whether there is not something more than a hemorrhoidal symptomatology.

As to operation, we have gone through the gamut of the different types, and have found that nothing satisfies us more, after colostomy, dieting and other preliminary care, than to push a tube into the anus, suture it there, put in two extra stitches and then wait.

Uremia Without Nitrogen Retention.—The occurrence of terminal uremia in subjects with sclerotic kidneys without evidence of nitrogen retention has been seen by Brouardel and Renard. This case violates Widall's laws of the relations between nitrogen retention and uremia and apparently defies explanation. Edema was also absent.—*La Presse Medicale.*

THE NURSING PROBLEM IN NEW JERSEY.*

By **Gordon K. Dickinson, M.D., F.A.C.S.,**
Jersey City, N. J.

That we may better comprehend this problem and be just and charitable in coming to a decision, we must bring the past to mind and have vividly before us the development of the nursing profession with its strong and warm relationship to our own.

The need of better women than Sarie Gamp for the sick was no doubt felt by every conscientious doctor and stricken family. Even as early as 1798 an attempt was made in the New York Hospital to establish a training school, later in Philadelphia in 1839 and again in 1858, but social conditions and unpleasant surroundings soon terminated these efforts, which were maintained largely through the strong personality of individual men and women.

As it takes a great calamity and an upheaval of the social structure to bring about a permanent betterment, so the Crimean War made material the ideals of Pastor Fliedner, Elizabeth Fry, and Florence Nightingale. Fliedner's work was progressing slowly, lacking the probabilities of dissemination, for the times were not ready. Elizabeth Fry strove hard and gave of her life, but the general public did not appreciate it as a necessity. The war led to a publicity and valuation of good nursing, and when the scheme was started in a London Hospital, it succeeded.

The project came to America, first to Bellevue, about 1871. Conditions in this country had also changed. The war of the Rebellion was no exception to other wars, producing a great modification in home and social life, doing more than anything else toward liberating the female and making it permissible for the young women to enter the trades and professions, so that the great call for women to enter schools of training could be heeded.

At that time Dorothy Dix investigated the almshouses and jails in which were then confined the insane, and memorialized legislatures for the creation of state hospitals for them. She had her first victory in this State.

*Read at the Annual Meeting of the Medical Society of New Jersey, Atlantic City, June 15, 1921.

In those days, which were not so very long ago, all hospitals were deplorable. "They were filthy, without ventilation, no clothing, patients with high fevers lying practically naked, others covered with coarse blankets, wards overcrowded, sepsis, putrefaction and vermin prevalent, with orderlies in charge." There was general disorder and licentiousness, and a hospital was certainly no proper place for a woman of culture or refinement, and it could be said, no proper place for woman at all, but for this very reason it was the field where she should go, and did.

Between 1873 and 1895 we have the active period of renovation of hospitals, and it was during this time that modern surgery had its birth, but without the nurse with her tact, culture, willingness to sacrifice herself for the good of the institution and profession this change could not have been met. We must acknowledge that our hospitals and our surgical worth today depend entirely upon the character, patience and perseverance of the early nurses, who worked with us and for us. To them it was an inspiration. They had entered a new calling. It was a religion of humanity of the highest type, unadulterated by any creed or dogma. They worked for their patients; their hours knew no limit; they did not carry their purse with them.

The nursing profession became organized in 1871, and from that time developed rapidly. At first many hospitals had what they called training schools, but there was little true training, the girls being taken in more as an accommodation to the hospital than for the purpose of education and development. Today, hospitals realize their obligations and we doubt if there are many instances where the school is not making some kind of an effort to fulfill its duties.

Nursing now is a profession. According to the Century, a profession is a "vocation in which a professed knowledge of some department of science or learning is used by its practical application to affairs of others, either in advising, guiding, teaching them, or serving their interests, or welfare in the practise of the art founded on it." From this definition it is easily seen that as a science and as an art nursing is part of the medical profession and distinctly correlated to it. It does seem as if this "branch of our profession," taught by physicians, trained

under them and working for them, should exist with the greatest of harmony and of respect for those with whom they are so closely associated at a common bedside, that not one iota of suspicion enter their minds, and we should show the highest appreciation for our friends who helped us out of such terrible conditions as existed in the years gone by.

But, there is "a fly in the ointment." There seems to be some misunderstanding. Just how it arose and what it means is difficult to comprehend, but it has been existing for several years, even before the World War. This war, if it has done anything, certainly has hastened the acceptance of Woman's Suffrage. Perhaps the female sex, like individual man, wants to be independent and is impelled to think for herself and act for herself, and, as a consequence, wants to manage her own profession, outline its policies and direct its own institutions. Mayhap, it is in accord with the general social unrest, the opening up to woman of many walks of life, scattering their resources, or it may be due to the present trend to commercialism, the worshipping of the golden calf, or to some fault inherent in the doctor himself.

The nurses today have to live, they have to dress decently and be housed comfortably, and everything is expensive. In order to live as we all like to, they must charge that which some think is exorbitant. There is a feeling that the nurses are working for the better class and forgetting the poor man who cannot afford to pay a high price. Everybody is worthy of his hire, and every woman has the right to obtain as good as living as she can. We as a profession should not dispute with them because of it, for they are worthy. If there is anything wrong in the nursing profession, general or casual, there are in their number big minds, generous natures, women of cunning and cleverness, who can attack and settle their own matters. The future is with them for success or failure.

The American Medical Association and the American College of Surgeons noted that many hospitals were delinquent, that they were not doing for the sick what they might and should, and started an investigation in a kindly way of the different institutions, suggesting to them what they termed a minimum standard, and offering their services to the hospitals to assist them in reaching it. This proved

a great stimulus, and we now note throughout the land, and particularly in this State, that all the hospitals are bettering themselves. Their boards of managers have been educated as to what was really necessary, much money has been spent, and endeavors made to round out and improve hospital work. Almost as great a change has occurred as did in the early '80's.

Recently questionnaires were sent out to the forty-one hospitals in New Jersey having training schools, and from the thirty-seven replies there was found to be a dearth in the number of women entering these schools. The investigation showed that in these hospitals there were 4,553 beds, carrying, in full quota, 1,148 nurses, but there were only 885 in training, making a deficit of 262. Judging from our observations we feel that in the school which is top-notch, which trains well, which has developed a warm atmosphere, where the personality of those in authority is congenial, there is no material permanent shortage.

There are many factors which draw a girl to an institution, for they "shop" from one hospital to another before they enter, and, as in all professions and trades, personality attracts. To better conditions, would it not be a good plan for the State Organization of Registered Nurses to approach the hospitals in the same spirit as did the American Medical Association and the College of Surgeons, teach them how to discover what is lacking and why, offer their services to remedy, see to it that the training schools are all registered, that none be permitted which are not connected with a hospital recognized by the American Medical Association and the American College of Surgeons, and that there shall be a State instructress who shall investigate each school, advise as to the uplift, report on the equality of its educational methods, and publish such reports annually.

The medical profession has been derelict more than once in failing to note what the public needed and to give them it. Thus arose the various pathies. More than once the public have gone to legislature in a crude way to demand something for themselves which would have been well for the physicians to have recognized and met. The nurses are our sisters in medicine and rather than have disputes between us, why can we not in a friendly way join for mutual aid? May

we not suggest to them that there is a public cry, a need of nurses for the sick of the middle class and the person in his home, that the tide towards salaried positions is too great, and that the idealism of the early martyrs of the nursing profession is not the ideal of every nurse today? For if this condition continues and some way is not evolved to increase the number of women entering the training schools, the nursing profession will be extinct in another generation or sooner, or legislature may rudely intervene.

DISCUSSION.

Dr. Alexander MacAlister, Camden: Many theories have been offered and discussed in reference to why there is at the present time such an alarming shortage of nurses. Hospitals all over the country are fast becoming depleted in their nursing forces. Calls are being sent out broadcast for student nurses. It is impossible to supply nurses to care for the sick unless we can get a sufficient number to train. Physicians are beginning to realize the seriousness of the situation and ask why. Why do not the young women of the country volunteer to enter this profession? Is it because remuneration is better in other positions? Is it because shorter hours prevail in other work? Is it because the student nurse is somewhat restricted so far as her social life is concerned? All these reasons have been offered as the cause.

Does the fact that the theory of higher education which is gradually becoming more and more prominent in our nursing schools have anything to do with it? There is no question about the value of education and no question but what we should all advise any one who seeks advice to get as much education as possible, but is that a reason for keeping out of our schools a certain number of young women who if given a chance would make nurses, and good ones. If a girl has the spirit of nursing in her and ambition will she make a better nurse if she has spent one year or more in high school than if she has only finished grammar school?

As an executive there is no doubt the higher education is necessary but are we training executives only? No one has more sympathy or more tenderness for those in need than the girl who has been brought up in a household where she had to help others and perhaps did not always have all she needed. Perhaps it was a struggle for the parents to keep her in school until she finished the eighth grade and then she must make room for some one else, must go to work that a younger sister or brother might also have the advantage of the same education she had. Should this girl have a desire to train must she be kept out of a nursing school because she has not had the advantage of high school? Why not give her a chance? If she is able to pass all examinations and if a school is permitted to train nurses it surely has a standard approved by the State, why not allow her to take her State Board examination? She may never be an executive but she fills a position a nurse who

is capable of being an executive refuses to fill.

Many of the women on our State Boards of Examiners today, and women who are high up in the nursing profession, are advocating shorter courses of training for women who are college bred. A theory which is ideal if it could be worked out perhaps, but will the college bred woman be willing to go into the fields and do the hard, dirty work required of nurses who are really trying to help the masses? The wealthy have no difficulty in securing nurses, but who will nurse the poor? Personally, I know two women, college-bred, who trained as nurses and as yet have never nursed. Why? Did they train because they loved the work? Most girls able to enter college and follow a college course with a course of training do not find it necessary to do any work. Only the daughters of well-to-do people can do this and they are not keen about going down into the squalor and dirt of some of the poorest homes to do their work.

In a recent article in one of our leading magazines on the nursing question, the prospective pupil is advised to ask her prospective superintendent the following question: "Who teaches the nurses?" To this she is expected to receive the reply. "Members of our medical and surgical staff and a specially trained nurse instructor whose sole duty it is to carry out the course of study outlined by the Board of Trustees and me."

May I ask where we can obtain these instructors? I personally have tried to obtain one, but find that the only place they seem to train such people is at Columbia University, New York. I wrote and asked the qualifications necessary to enter for this work and was told that the nurse must have full four years' high school, her three years' nursing training and then spend three years preparing at the university before she is competent to teach student nurses. What will be the end? If hospitals must do these things it is only a question of time until many of them will have to discontinue. The large, wealthy institutions, no doubt, can do these things, but the hospitals who serve the ordinary people and who care for the poor can never in years to come do this, and besides this it would be impossible to compete with the wealthy institutions who would put forth an effort to obtain the few college-bred or highly educated women who would be willing to train. How is it possible for any of us to place our hospitals on an eight-hour basis unless we can get more student nurses?

Can the medical profession afford to let things go on until it is made impossible altogether for ordinary healthy, sensible, ambitious girls to train because her family have not had the means to provide her with a high school or college education? Give her a chance and let her work for her degree. It is up to you to a certain extent. What will you do about it?

Dr. John C. McCoy, Paterson: I have somewhat changed my viewpoint in recent years, concerning the matter. I believe in the higher education for nurses, considering what we are training them for. It seems to me that, with the very limited number of nurses we have in our training schools, there is a great demand for women such as we previously had. It is

quite essential that we should have, for the positions that are offered to them, women who are well educated. I for one revert to what I said before the Society in 1915: I believe that it is quite near at hand, when we will train two classes of women for nursing. I think that we are, in our hospitals, going to see that we conduct a proper training school department, in which the nurses will be able to obtain such information and training as will equip them for filling the various positions that they are called on to fill today in the outside world—social work, school work, mill work and general superintendent work, rather than the laborious work of daily nursing. The doctor has said, that the only people who are able to obtain nurses today are the well-to-do. I differ with him on that score. In our part of the State, not even those who can well afford to pay for it can get proper nursing in many cases. We shall have two classes of nurses: one, the registered trained nurse; the other the practical nurse or attendant, because the conditions of the times demand it. The first class will assist in training the other class. I do not believe that the hospital in any community that is supported by public subscription fulfils its full duty to that community, unless it is able to turn out from its training school women who can look after the families of the men of moderate income; and we know that the men of moderate income cannot afford to employ one or two trained nurses at thirty-five dollars a week. I hope that at the meeting in Newark, the matter will be considered. It is up to us to arrange such a plan as is operative at the present time in the Albany Hospital, where they can take these women and make ward attendants out of them; because I believe that in the average run of nursing, a woman of fair intelligence, and proper age, with a year of intensive training in a hospital is capable of caring for the average case of sickness.

Dr. G. K. Dickinson, closing: I just want to be understood. I am afraid Dr. McCoy did not understand me. We are up against the nurses who immediately get on the defensive if you direct them; and I felt that it was more politic for the present and the immediate future, to put the whole responsibility on them. Because they say, "We are the people." We must make them make good. If they do not make good, then something has to be done in the State. My idea is that in every hospital in the State, if the girls fall down, there should be started a new training school, on a new plan, the plan that Dr. McCoy speaks of, training nurses for the sick, who can go to the bedside and that they should have a post-graduate course for those who wish to give up nursing and take a salaried position, which is not nursing. The object of a hospital is to train a girl to go to the bedside and nurse, and not to train her to get a job. So I think we should tell the nurses to get busy and solve this problem. We should say, "If you do not solve it right away, we will solve it for you."

A pregnant woman or a woman who breast-feeds her infant is in a better condition to nourish the offspring properly if her teeth are sound and her mouth is clean and wholesome.—Critic and Guide.

THE MANAGEMENT OF SYPHILIS AT THE BELLEVUE HOSPITAL.

By Mihran B. Parounagian, M.D.,

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At the suggestion of the U. S. Public Health Service a separate clinic for the diagnosis and treatment of syphilis was organized at the Bellevue Hospital a little over a year and a half ago. Formerly this work was conducted in the Genito-Urinary Department. The attendance at this clinic has averaged about three thousand visits a month. A brief description of the methods employed in this department may be of value in introducing this discussion.

The history is taken when the patient is admitted to the clinic, and includes, past ailment, past infections, occupation, age, marital condition, etc. The patient is then stripped and a general physical examination is made. When fresh lesions exist, whether about the genitals or elsewhere on the body such as on the lips, tongue or fingers, the patient is sent immediately into the dark-field room where the dark-field examination is performed and the result recorded. If the *Treponema pallidum* is discovered a blood Wassermann is taken simply as a check and the patient is placed under treatment immediately.

In the treatment of early primary syphilis we administer three injections of arsphenamine for the first week and then two weekly until the patient has received eight arsphenamine and fifteen mercury salicylate injections. This constitutes the first course.

After a six weeks' rest period a blood Wassermann is taken simply as a matter of record for whether the result is positive or negative the patient receives a second course of treatment consisting of the same number of injections of arsphenamine and mercury. After a second rest period, regardless of the result of the Wassermann test, the third course of treatment is begun consisting of six arsphenamine and twelve mercury injections administered at weekly intervals. Again

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a six weeks' rest period is allowed and if a negative Wassermann results and patient is free from symptoms and lesions, he is instructed to report for Wassermann tests at varying intervals from six weeks to three months. However, if the Wassermann reaction should show positive result, another course of six arsphenamine and ten mercury injections usually prescribed as the fourth course, often followed by the administration of potassium iodide by the mouth in increasing doses.

This outline covers the procedure for the treatment of early cases, and of course, it is needless to say that, our best results are obtained in these early cases. In this connection it may be stated that excision of the primary sore, particularly before the eruptive stage, will remove an important focus of spirochaetae. If the excision is not practicable, inunctions of calomel ointment, thirty-three per cent., should be applied to the chancre.

One of the most annoying occurrences which we meet, is the patient who has been treated either by a drug clerk, or a private physician, or some "friend," who has applied, calomel powder, black-wash or some other kind of antiseptic or a caustic such as silver nitrate. Such treatment is usually just enough to destroy the bacterial evidence of syphilis and is of no value to the patient. The most important factor in the management of syphilis is early diagnosis; the earlier the diagnosis and the more energetic the treatment the better are the chances of cure.

This is true both from the standpoint of public health and the patient himself. I can not too forcefully impress upon you the necessity for, and the value of, the dark-field examination in the early diagnosis of syphilis. If you find it impossible to discover the organisms at the first examination apply saline washes and dressings for twenty-four hours and repeat the examination. If the result is still unsatisfactory, the same procedure should be repeated several times. This procedure should be continued until the organisms are discovered or until you are assured that they will not be. If you have a clinical picture that leaves no question of the diagnosis, although you may not find the *Treponema pallidum*, begin treatment.

While many patients appear at the clinic with an unhealed genital chancre

of mucous patches in the throat, enlarged glands all over the body, headache and so-called rheumatic pains; symptoms which make so good a picture of early syphilis that anyone with clinical experience can recognize the malady without laboratory assistance, we take Wassermann tests of all patients as a matter of routine and record. I urge you to make a Wassermann test in every case before the treatment is instituted. This practice is of great value for future reference.

When we are sure of our clinical diagnosis we must not throw up our hands in holy horror and say that this cannot be syphilis as the lesions cleared up readily and because the Wassermann reaction is negative. We have great confidence in the laboratory examinations and they are often very valuable in diagnosis, but if we depend entirely on the laboratory, we are liable to go wrong. We have often received a negative Wassermann report even in the roseola stage, and if you have positive clinical evidence of syphilis and postpone your treatment on account of a negative Wassermann, you will cause unnecessary delay and jeopardize the early cure of the disease.

When the patient has reached the roseola stage we give at least two injections of arsphenamine and one of mercury per week until eight injections of arsphenamine and fifteen of mercury have been administered. Then after a six weeks' rest period we repeat the course of treatment until three courses have been given.

The next class of patients come into the clinic with a history of chancre from two to forty years ago, but with no apparent clinical manifestations. Tableau: "Doctor, I had syphilis about twenty-five years ago." "What brought you here?" "Oh, I just want my blood tested." In these cases we do not only take a blood Wassermann but discharge or treat the patient on the evidence acquired when we go over the patient's entire body, observe his reflexes, the pupillary reactions, the Romberg sign and all other neurological tests; after this examination we get the Wassermann report. In a great many of the cases in which we discover the existence of nerve involvement by means of the general physical examination, we get a negative blood Wassermann; of course, a spinal fluid Wassermann may give positive results in these cases where the blood Wasser-

mann is negative. When the symptoms point to the existence of latent or neurosyphilis, we begin the anti-syphilitic treatment irrespective of a negative blood Wassermann. We have been unable to do many spinal punctures on account of lack of ward facilities. In the near future we hope to secure beds for this important diagnostic procedure.

We get a great many cases of cardiac, prenatal syphilis, aneurisms due to syphilis, pulmonary syphilis, in fact syphilis of nearly every organ in the body. We co-operate with the physicians or departments who refer these cases and periodically we send the patient back for re-examination and report. The name of the physician recommending the patient is noted on history chart. In this way we can get a description of the patient's condition, especially in primary diagnosis. We describe in detail the patient's condition at the time of his admission so that the attending physician by consulting the patient's chart may know the type of case he is dealing with even after treatment has removed most or all of the manifestations. This is done to guide the staff in prescribing for advanced case of aneurism, renal insufficiency or severe inflammation of the eye, in which cases large doses of arsphenamine are considered inadvisable. Such cases are watched carefully with repeated examinations of urine and treatment modified or temporarily discontinued as the case may require. In bone syphilis or suspected malignancies, we call on the X-ray Department and upon the surgeons for their opinions.

Investigations and Instructions.—We investigate every recent infection as to the source of infection and mode of transmission. If a married man comes to the clinic, we inquire as to the condition of his wife and ask him to bring his wife for an examination and often find her infected and place her under treatment. The women patients are urged to send their husbands or whoever may be responsible for the infection. In this way we help to minimize the spread of this powerful enemy of the human race.

We instruct each individual verbally as well as giving him printed instructions as to how to benefit himself and protect others. The patients employed in industries or trades who handle food are cautioned as to the dangers and urged to

change their occupations until they are safe to return.

The Use of Arsphenamine.—As you know we have the old, neo, sodium and silver arsphenamine to select from in the choice of our most potent arsenical remedies to use in the treatment of syphilis. Having used it from its introduction, I am one of those who have strongly favored the old arsphenamine in preference to neo. There is some difference of opinion on this point, some syphilologists believe that arsphenamine is more potent than neo, others believe that neo is just as efficacious as the old. The popularity of neo to my mind is due to its ease of preparation and administration. While I strongly favor the old arsphenamine wherever I can, I use discretion in the selection of the particular variety.

In pregnant women, children, in patients with advanced degenerative nerve conditions, aneurisms, and those with extensive cardiac and renal lesions, I give preference to neo to the old. My experience with sodium arsphenamine is limited and, therefore, I will not discuss its use. At our service in Bellevue Hospital, we have used silver arsphenamine or silver sodium arsphenamine, as it might properly be called.

A preliminary report on the use of this drug was made, before the New York Academy of Medicine, December 7th, 1920, and published in the Archives of Dermatology and Syphilis, March, 1921. Since that report our total number of injections has reached 4,754 without a single serious ill result.

As a general rule our reactions have been much milder in degree and clinical results in most instances have been superior to the other arsphenamine group. The result of our observations regarding this drug will be reported in the near future.

Mercury and Iodides.—For the sake of simplicity we have employed intramuscular administration of mercury salicylate in olive oil and small amount of lanoline, 33% and administered weekly. Occasionally when the patient does not tolerate this form, we administer, oxycyanide of mercury or bichloride (intravenously). We do not employ inunctions for the inconvenience and uncertainty of proper application or dosage. Very rarely do we prescribe "mixed treatment." Especially in older infections, we employ iodides in the form of saturated

solution in increasing doses or sodium iodide intravenously.

Social Service.—Bellevue Hospital is fortunate in having a very efficient social service. We find this bureau very useful in our follow-up work. When the patients are delinquent, particularly those having recent infections with active lesions, the social service worker, writes to the absenting patient to return for examination or treatment as the case may be; when no response is received within a reasonable period, a visit is made. For those who are unemployed or homeless, they make every effort to secure employment or take care of their immediate requirements. They make report of their investigations, and in addition, file their charts issue numbers, tickets, and record the results of various examinations and tests.

In conclusion I wish to state that the subject of syphilis is one of the most important problems which we have to deal with as it affects the young and old, rich or poor; therefore, it is the supreme duty of the physician to assist in the eradication of the plague and conserve the health of the nation and the coming generation.

133 East 29th Street.

THE PATHOLOGY AND TREATMENT OF CHRONIC GONORRHEAL URETHRITIS.*

By **E. L. Keyes, Jr., M.D.,**

Professor of Urology, Cornell University Medical College.

I do not know of any more striking way to characterize gonorrheal urethritis than to say that there are two kinds of gonorrhea, one is the kind that gets well and the other is the kind that does not. Those who compare gonorrhea in the male to a bad cold in the head have something to be said in their favor, for the cold that does not get well is the cold which involves the tonsils or upper air sinuses where retentions occur which perpetuate the disease in one or another form of complication. The same is true of gonorrhea, the type that does not get well produces glandular lesions about the urethra; the type which does get well does not cause any grave involvement of the glands.

We may assume that any acute gonor-

rhea of the male that is not controlled immediately by repressive or abortive treatment will infect the urethral glands. If some cases get well, while others do not, the difference seems to be one of surgical drainage of these glands. Please do not think that there is any one particular gland which is the seat of this inflammation, for any of the ducts may be more or less closed by a stricture so that the gland cannot discharge properly; of course, the prostate is the one that comes immediately to your mind as it is the most complex, but it is by no means the only one which may be infected. The closure of any duct by gonorrheal inflammation, will prevent proper drainage and will be the basis of a chronic gonorrhea.

Chronic urethritis following an acute gonorrhea may be gonococcic or non-gonococcic. Therefore, we must differentiate the types of chronic urethritis, as that in which the gonococci persist and that in which they do not. An acute gonorrheal urethritis causing a chronic urethritis may continue as a non-gonorrheal urethritis due to bad drainage of the glands; the gonococci having disappeared from the urethra. Since chronic urethritis may continue without the demonstrable presence of the gonococcus, the first thing to do is to determine whether the urethritis is due to the presence of gonococci or to a gonorrhea that is past.

The oldest method of demonstrating the presence of gonococci is, I suppose, the irritation of the urethra by mechanical means or by the use of a chemical irritant, such as silver nitrate. There are many other methods of diagnosis upon which I will not dwell except to state my misgivings about two — culture and smears.

Positive cultures are, of course, the most reliable proof of gonorrhea; however, a negative culture does not mean that the patient is free from gonorrhea for cultures are hard to obtain, and even when taken with care, they are extremely likely to fail.

The differential diagnosis of the gonococcus in smears from a chronic urethral discharge is a very difficult procedure. As a matter of fact, the bacteriologists who are most experienced in the study of this organism, are often unable to distinguish the gonococcus from other organisms which may be found in smears from chronic urethritis cases. Of course,

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the smear is of value and must always be taken but it is simply confirmatory evidence and should not be considered as the final test in chronic urethritis.

While there are these difficulties in laboratory diagnosis, there is one simple physiological way of cultivating the gonococcus; the old fashioned method of irritating the urethra. If the patient harbors the gonococcus in his urethra, a positive diagnosis of chronic gonorrheal urethritis may be obtained, by traumatizing the lesion with a large sound or dilator. Of course if the patient has a local inflammation, you will begin with a small sound. This irritation produces in the urethra an exudate which serves as an excellent culture medium for the gonococcus. The resultant discharge is examined for gonococci.

Although I do not think it particularly accurate, I always use the complement fixation test for gonorrhea; I am always looking at smears of urethral discharges, even though I do not consider this a reliable test; and I make use of cultures from the discharge, though these are unsatisfactory when negative. The procedure upon which I place the most dependence is the stirring up of the chronic inflammation in the urethra with a sound. The sound stretches the urethra; if the gonococcus is anywhere, it is in the inflamed areas of the mucosa, and these inflamed areas are rigid and will not stretch as easily as the intervening normal areas. Therefore, the sound will irritate the inflamed areas and will bring out the gonococci.

Treatment.—There is but one way to get rid of the gonococci in chronic gonorrheal urethritis, and that is to bring them "out of their holes." Obviously it is futile to wash substances over the surface of the urethra probably one-sixteenth of an inch from the pockets where the gonococcus is lodged. The urethra can be cleared of gonococci only by pressing on the local lesions with a sound to set up an acute urethritis, which can be cleared up by injections or irrigations. When the patient appears to be recovering, put in another sound and stir up the gonococci again. Almost never have I failed to remove the gonococci from the urethra by two or three applications of this treatment unless there is a considerable infection of the prostate or vesicles.

Since the essence of the treatment is the massage of the infected area, I shall

not discuss the merits of the various remedies used as irrigations for the urethra. If the prostate is full of pus, or if the vesicles are distended with pus, these must be drained by gentle massage twice a week; if the lesions are on the surface of the urethra, as they are commonly, the urethral surface must be massaged. Gentle massage is the essence of the treatment—violence must always be avoided.

There are four types of discharge in cases of the posterior urethritis:

1. A common type is that which is characterized by the "morning drop" with little or no free pus in the urine, but by more or less of the so-called shreds of pus; it is likely to be due to one of two types of lesions, either a stricture of the anterior urethra—which may be diagnosed by bulbous bougies—or granulations in the posterior urethra or in the bulb—which may be diagnosed by the urethroscope. I prefer to look for the exuberant granulations in the posterior urethra with a direct vision urethroscope.

2. Almost as common a type is the one in which the less noticeable morning drop is accompanied by free pus in the urine. This condition means posterior urethritis and suggests prostatitis; but may be due to tuberculosis. This type of case needs prolonged prostatic massage and irrigation of the surface of the urethra for the purpose of clearing up the infection of the urethra occasioned by the massage.

3. A rare type is the profuse continuous discharge which is occasioned usually by a neglected stricture which case is illustrated by the patient who comes in with a chronic urethritis which has been present for a number of years, who denies reinfection and yet says "it runs all day long."

4. Finally, there is the hemorrhagic type of case caused rarely by strictures, usually by granulations. A stricture will sometimes give a brilliant hemorrhage which will make you think of kidney tumor; granulations of the posterior urethra will cause the same type of hemorrhage. A single cauterization of these little granulations has caused them to cease bleeding. These lesions are commonly confused with lesions of the kidney which suggest tumors, etc. They are worth noting simply because they are so alarming and so readily cured.

SOME COMPLICATIONS AND SEQUELAE OF GONORRHEA.*

By Colin Luke Begg, A.B., M.D.,

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If gonorrheal infection could be prevented from invading the posterior urethra, the disease would be fairly amenable to treatment, and comparatively easy to cure. Not that we do not meet with complications of the anterior urethra, and rather stubborn ones too, but they are more easily reached, and therefore more easily combated. It must have been posteriorly complicated cases that someone had in mind when he said: "Any fool can tell when a gonorrhea starts, but God only knows when it will stop!" It is therefore, of the utmost importance that one should know the signs and symptoms, and be on his guard against posterior complications.

The first symptom is usually frequency of urination, the frequency varying from every hour to every 15 minutes; and he is obliged to void from one to five times a night; he finds too, that he has difficulty in controlling his urinations; when the desire comes on, he is unable to hold his urine. The burning he experienced as the urine passed over the inflamed mucosa in the anterior urethra has changed to a pain at the end of micturition, accompanied by a desire to expel more urine, which is not forthcoming—its place being taken by a few drops of blood.

These symptoms, then, frequency, urgency, tenesmus, strangury and pain denote the onset of posterior urethritis. On account of, and depending upon the frequency present, the discharge abruptly lessens and frequently returns profusely as the posterior inflammation subsides. Examination of the urine at this time by a simple two-glass test will disclose the fact that as soon as urethritis becomes posterior, the second glass becomes cloudy. So great are the probabilities of involvement of the prostate, seminal vesicles, epididymis, and even the general system when the deep urethra is invaded, that it behooves us to deal strictly with

the posterior inflammation from its onset.

The patient should be confined to his bed during the acute attack and he should be on a milk diet—the bowels should be kept open by mild laxatives, drastic purgatives being avoided due to the liability to increase hemorrhoidal and prostatic congestion. Hot Sitz baths twice a day and hot applications to the perineum and suprapubic regions are not only agreeable but beneficial. The use of anterior injections at this stage are of no service—in fact, they seem to exert a harmful influence on the deep inflammation, so they should be stopped.

An alkaline diuretic and antispasmodic is given in accord with the following prescription: Potass. citras, 5iv; tinct. hyoscyamus, 5vi; aqua q. s. ad 5 iv. Sig.: 5i every 4 hours in 5viii of water. In cases where the pain and tenesmus are severe, a suppository containing ext. opium gr. ¼, ext. belladonna gr. ¼ inserted two or three times a day will afford relief.

By those who are skilled in urethral instrumentation, daily deep instillations by means of the Keyes-Ultzman syringe of a freshly prepared solution of argyrol 25% will hasten the reduction of the inflammation, but I am of the opinion that much damage may be done by this procedure in careless hands and instrumentation of any kind should only be utilized in acute inflammation of the urethra, by those who have had much practice in passing instruments.

Extension still further into the prostate, seminal vesicles or both, are likely to follow when the inflammatory process lasts for any length of time. Should infection be limited to the prostatic ducts alone, the discomfort may be but slightly greater than that produced by the posterior inflammation, but when the parenchyma of the gland becomes involved the patient continues to present his deep urethral symptoms, and in addition experiences a full feeling, throbbing, or pain in the perineum, together with marked pain in the rectum. He has pain on defecation and suffers from constipation due to the increased size of the inflamed gland. Pains referred to the testes, suprapubic, and sacral regions are not uncommonly met with. The stream is retarded and difficult to start, of small size, and not infrequently there is complete retention. Constitutionally, in the

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parenchymatous form the patient is feverish, the temperature rising to 102-103 Fah. with corresponding pulse rate—he looks, and feels sick; in a word he is suffering from septic absorption.

Digital examination by rectum determines the extent of the involvement of the adnexa. In mild cases, there may be little or no appreciable change in the size of the gland, nor is there great pain on pressure. In complete involvement the prostate is as large as an orange, excessively tender, hot and throbbing. The finger has to hug the posterior rectal wall to reach over the obstruction and may not be able to explore the swelling completely on account of its size.

At times one lobe alone may show small nodules, or larger, tender inflamed areas—these localized foci tend later to undergo slow resolution, or rupture into the urethra. Not uncommonly fluctuation can be elicited, showing the presence of a well-marked abscess of one lobe, or the entire gland. If let alone, these usually take the path of the least resistance, and evacuate themselves into the urethra but occasionally they break through the dense posterior capsule into the rectum. In other cases with symptoms practically identical, it will be found that the prostate feels fairly normal, but that one, in rare cases both seminal vesicles are the seat of inflammatory masses ranging from a small nodule to a well-marked abscess. It is interesting to note that retention of urine is nearly as frequent in abscess of one lobe or in abscess of the seminal vesicle as it is in acute parenchymatous prostatitis. It would seem clear, therefore, that the retention is not due to closing of the urethra or to swelling of the prostate gland encroaching upon its lumen, but rather to spasmodic contraction of the external bladder sphincter on account of the irritation produced by the inflamed neighboring organs.

The treatment of acute prostatitis and seminal vesiculitis is very largely the same as in cases of acute posterior urethritis. The patient should be confined to bed, hot applications applied and similar medication to that previously mentioned. Should retention supervene every effort should be made to bring about urination without instrumentation, failing in which, a small soft rubber catheter (14 French) may be gently inserted, and the urine withdrawn, and the bladder carefully irrigated with warm boric acid

solution, leaving a small quantity in the viscus. After the acute stage has subsided I have found the gonorrheal vaccine (combined) i. e., one containing gonococci, and staphylococci to act favorably in reducing the inflammation. Since utilizing the vaccines I have never observed gonorrheal arthritis follow these deep-seated inflammations. It is well to employ subcutaneously an initial dose of five hundred million of the combined bacteria gradually increasing the dosage every 3 or 4 days until one billion has been reached.

In the event that an abscess develops, as soon as free pus is demonstrable, a perineal section should be performed, and the pus evacuated.

Another inconvenient complication is caused by the extension of the posterior inflammation down the vas deferens to the epididymis. The onset of this condition frequently first manifests itself by pain in the groin on the affected side. In a few hours the pain is felt in the testis with rapid increase in the size of the epididymis. The height of the inflammation is often reached in 24 hours and pain along the crest of the ilium extending to the back is complained of. There is malaise with a marked rise in temperature. In severe cases there is more or less involvement of the testis itself with accumulation of fluid in the tunica vaginalis. In other cases the cord becomes thickened and painful. The posterior urethral symptoms usually persist and there is little discharge. At times the cloudy urine clears during the acute inflammation; both cloudy urine and discharge reappearing with the subsiding of the epididymitis.

If the patient has suffered from a recent urethritis the diagnosis of epididymitis is not difficult, but when the swelling starts in a subacute way there may be a question of tuberculosis or other bacterial invasion. Examination of the urinary sediment for tubercle bacilli, gonococci or other organisms will be of assistance, as well as palpation of the prostate, and seminal vesicles. The complement fixation test for gonorrhea should be employed as a diagnostic aid; also in doubtful cases tuberculin may be given to test its focal reaction on the epididymis.

Treatment.—For the immediate relief of pain, the operation devised by Hagner is valuable. It consists of making an in-

cision through the scrotum down to the tunica vaginalis, which is opened at the juncture of the epididymitis and testicle. Multiple punctures are made through the fibrous capsule of the epididymis. If pus is seen to escape from any of the punctures, the opening is enlarged by a probe and the cavity syringed with a 1 to 1000 bichloride of mercury, followed by sterile salt solution.

A small drain is inserted into the lower angle of the wound, and the incision closed. A bandage should be applied to exert firm pressure on the scrotum on account of the tendency to oozing which is so common to scrotal operations. That there is sudden relief of pain by this procedure, there is no doubt; which makes clear the fact that pain in epididymitis is due to the stretching of the covering of the epididymis, by the swollen tubules beneath, and multiple incisions relieve the tension and thereby ameliorate the pain.

The ultimate results as to nodulation, thickening and sterility—are somewhat better than by the expectant plan of treatment. In the majority of cases, however, epididymotomy for one reason or another is impracticable and in such the patient should be put to bed and left there until the pain and inflammation have subsided. Much comfort will be attained by elevation of the testes by an appropriate bandage. This cannot be accomplished by the ordinary suspensory which keeps the testes too low, nor is the strip of adhesive plaster from one thigh to the other of much service for the same reason. Where applications are to be made to the swelling, I prefer to use a dressing which consists of the following: Several thicknesses of gauze four inches wide, and two feet long, make a hammock like support for the scrotum, and the elevation is procured by pinning the ends as high as one wishes, to a wide bandage around the waist. The tendency of the sling to slip off is prevented by two narrow strips fastened to the back of the hammock below and used as perineal straps similar to those of the army and navy suspensory.

If epididymitis is seen before it is too far advanced the use of lead and opium lotion as a continuous wet dressing together with an ice bag will often prevent the swelling from reaching its height and quickly relieves the pain. If, however the inflammation has reached its maxi-

mum the wet dressings applied hot and kept so, by a hot water bag, will more quickly favor resolution and absorption.

In two or three days the swelling has subsided and the pain decreased so that the patient may go about with a snug suspensory. During this stage the application twice a day after hot bathing of the testicle, of Guaiacol 5i, ung. Ichthyol 5i, will further assist absorption. At this time, also, the combined vaccines as noted above are of much service. The ingenious plaster suspensory which is in use in Dr. Keyes' service at Bellevue Hospital makes an excellent support in ambulatory cases and does away with the necessity of local applications.

The nodules of the globus minor which so frequently persist after epididymitis are best treated by daily massage in conjunction with hot applications. The patient is instructed to immerse the scrotum in hot water; with one hand he holds the testis and with the other he gently massages the nodule. With patience these persistent swellings can be frequently eradicated. In conclusion, the resumption of local treatment to the urethra, prostate and vesicles should not be too hurried for fear of bringing about a recurrence of epididymitis.

LOUIS PASTEUR.

Address of the Retiring President of the Academy of Medicine of Northern New Jersey,
Delivered May, 1921.

By John F. Hagerty, M.D., F.A.C.S.,
Newark, N. J.

"From the lives of men whose passage is marked by a trace of durable light, let us piously gather up for the education of posterity, every incident, every detail, down to the slightest word, likely to make known the incentives of their great souls."

Thus spoke Louis Pasteur, the subject of this sketch, when, while recovering from a stroke of paralysis, the first attack of which had come at the early age of 46, he was beguiling the tedium of a long illness by reading the lives of the world's great characters. He looked upon the cult of great men as a principle of national education and believed that children as soon as they could read should be made acquainted with the heroic and benevolent souls of great men.

Louis Pasteur was born at Dole, in the

Jura Mountains, December 17, 1822, of poor but respected parents. How often one meets with such a statement when reading the history of a noble life and what a heritage to have received. His early forbears sprang from the soil, but the seed was good seed, as was shown by their having cast off the bonds of serfdom which had been their lot, and within a few generations a Pasteur, Louis's father, because of having fought bravely for France had been decorated and received the Cross of the Legion of Honor. Louis Pasteur's father was a tanner, honest and industrious, fond of work and of study, endeavoring all his life to make up what had been denied him as a youth. Habits of industry and love for knowledge are splendid traits to have inherited, and surely much of the good which his illustrious son accomplished and the fame he achieved must be attributed to his excellent father, who not only made tremendous sacrifices to educate his son, but by his interest and encouragement and faith in him was of incalculable aid in his student life. For, as so often happens, Pasteur was not an exceptional student and gave little promise in early life of the capacity for work and genius for accomplishment he was to show later. It is not possible, says Paget, to measure or put into words the value of Pasteur's work and the range of his influence. While interested in outdoor life and the play of most boys he always seemed mature for his years, and towards his sisters, especially a little later when away at school, evinced a fatherly interest in them. As a school boy his mind worked so carefully he was considered slow, but even then it is said he never affirmed anything of which he was not absolutely sure, a characteristic of his whole life. There was a time when it seemed as if the scientific world might have been denied his talent for investigation, because he was fond of painting of which he is said to have had real talent, especially of portrait painting, but fate, fortunately, directed his life into other channels.

His early ambition had been to enroll at the Ecole Normale, in Paris, a school founded in 1808 by Napoleon with the object of training young professors, and notwithstanding the fact that a severe fit of homesickness compelled him to leave there after a few months, he was not disheartened but decided to go to Besancon, not so far from home, where in 1840 he

was graduated with the degree of Bachelor of Letters. He then applied for examination at the Ecole Normale, and finding that he stood No. 15 out of 22 applicants, decided to withdraw for a year of hard work so that he might qualify with a better standing. While at this school he left the impression not of brilliance but of perservance and industry, and though at graduation he was not among the first, he was offered a teaching position, and had the proud satisfaction fourteen years later to be made director of the school.

While in Paris he was fond of attending lectures at the Sorbonne, given by M. Dumas, a celebrated chemist, who exercised a great influence upon Pasteur, and who is responsible for the first line of work he became interested in and which showed to the scientific world that he was an investigator worthy of its attention and interest. This was the study of Crystallography, while pursuing which, Pasteur discovered that solutions of tartrate of soda and ammonia, while apparently the same, had a different effect on polarization of light. This he found was due to different methods of crystallization. It had been known that certain crystalline substances even when dissolved had the power of rotating the plane of polarized light, and that some of these substances would have different effects on polarized light, one deflecting it to the right and the other to the left, due to different methods of crystallization. The difference between two forms of one crystalline substance, as shown by the direction of the facets, is called disymmetry, and the structure of the crystal is disymmetric because the structure of each molecule is disymmetric.

While studying tartic acid, of which there are two forms, ordinary, commercial acid, and a rare form known as paratartric or racemic acid, Pasteur found that racemic acid was really a combination of two opposed forms, it was both a right-handed and a left-handed acid, which he determined by separating the two forms of crystal by making solutions of each and testing the effects of both on polarized light. This, Pasteur's first great discovery, which was due to his patience and diligence in the use of the microscope, earned for him the Cross of the Legion of Honor before he was thirty years old, and was soon followed by

others destined to revolutionize scientific thought and action.

Only to mention the manifold interests of Pasteur from this time to the end of his busy life would take a long time disregarding the innumerable steps and investigations pursued before each discovery was proclaimed, because nothing was proclaimed as established truth until it had been tested and tried in the crucible of searching, scrutinizing investigation.

Next followed studies on fermentation, which was of national interest because of the beer and wine industry in France. How did heavy dough formed of flour and water become light bread, and how did crushed grapes become wine, and why did wine sour and become vinegar? These apparently (now) simple problems had occupied the attention of man since antiquity, and it remained for Pasteur to solve them and save to France millions of dollars by intelligent, scientific principles in the making of wine, beer and vinegar. Liebig had taught that fermentation was a phenomena of death, that matter in the course of decomposition acted as a ferment. Pasteur discovered that all processes of fermentation, putrefaction and decomposition were due not to oxygen in the air but to living particles in air, really an act of life and cannot begin apart from life. That ferments were living things, and that so-called ferments, as yeast, were the food of ferments. The changes they produce in fluids are, therefore, not chemical but physiological. He showed that brewers' yeast is a living organism, whose growth is accompanied by the conversion of sugar into alcohol and carbonic acid gas, and that the quality of the liquid depended on the character of the ferment.

While pursuing these studies Pasteur found that while fermentation goes on in some substances in the presence of air, that is, in free oxygen, he also found that other germs were able to withdraw oxygen from substances they come in contact with, or live in the absence of free oxygen, anaerobes, as we know them. He also showed wine makers that when the wine spoiled, raising the temperature to a certain point would check the growth of bacteria and preserve the flavor of the wine. This process of sterilization, known as Pasteurization, has already proved of greatest benefit to humanity, notably in the case of milk.

In 1862, while at Orleans, he showed

that the conversion of wine into vinegar was caused by the minute organism (*mycoderma*) which could be cultivated and thus reduce greatly the time for vinegar fermentation. By obtaining perfect cells good vinegar could be produced. He studied too the different maladies which affect wine, and proved that oxygen was not injurious to wines but that it helped to age and give flavor to them.

It would be interesting to dwell upon these studies and upon the products of fermentation as we know them now. Acetic acid, alcohol, glycerine, etc., but we shall push on to the epoch-making discovery, the consequence of these investigations, viz: that there is no such thing as spontaneous generation. It is hard for us to realize that up to sixty years ago the world and the scientific mind of the world had believed in this theory, and the experiments and controversies to us, living in the light of the discovery of the fallacy of this belief, must seem very simple, for it was the result of this study successfully pursued on which our entire conception of the care and treatment of disease is based. And it must not be forgotten that, simple as the tests were and plain as the evidence appears to us, Pasteur had to combat the belief of ages and the scientific world of his own times. We cannot imagine with what consternation such a proposition as only from life can life proceed—"omne vivum, ex vivo," was received. How it was regarded as heresy by those who looked upon the opinions of their predecessors in science with a degree of sanctity. Pasteur himself in 1860 wrote: "I am pursuing as best I can these studies on fermentation which are of great interest, connected as they are with the impenetrable mystery of Life and Death. I am hoping to make a decisive step soon by solving without the least confusion the celebrated question of spontaneous generation." "But, he adds, he wanted his conclusions to have the certainty of a mathematical formula." We are all more or less familiar with the methods of determining this momentous problem. It was already known that there were organisms present in decomposing fluids, animal broths, wines, milk and other solutions, and that heat would destroy them, but it remained for Pasteur to show that if air were excluded or if only air subjected to heat, that is, air free from germ life were to come in con-

tact with such liquids they would remain sterile. The process of Pasteurization, already referred to, is one of the steps in this demonstration, and the knowledge that in the presence of air free from germ life putrefaction will not take place, was the germ of the entire system of modern aseptic surgery. What marvels have been accomplished, are at present being done, and what stupendous things will yet be done as a result of this apparently simple truth taught us by this patient, assiduous student of the problems of life.

When Pasteur taught, says Lister, that putrefaction was caused by the growth of microbes and that these could not arise *de novo* in the decomposable substances, the problem of prevention assumed a more hopeful aspect. Before Lister, pyaemia, septicaemia, erysipelas, cellulitis and hospital gangrene, were dreaded and terribly common terms. It remained for the genius of Lister to seize upon Pasteur's discovery of the germ cause of fermentation, etc., in 1861, and apply it to operative procedures with results which at once revolutionized the art of surgery and changed what had hitherto been only an art into a grand and beneficent science. Time might well be spent in contemplating the tremendous importance of these investigations, the fruits of which we are enjoying in our every-day work, but we shall have to move on to the next important work, one which was entirely new to him and on which the brightest minds in France had already failed.

The silk worm industry had been for many years the chief source of revenue in the southern part of France, more than five million pounds sterling being the value of the output in 1853. But a disease had broken out among the silk worms about ten years before, which had progressed in spite of many efforts to check it, and by 1865 it had become a plague which had extended to Italy, Spain, Greece and China. The yield in France in 1865 did not equal one million pounds, with consequent poverty and suffering of the people engaged in the work, and the complete collapse of one of the most important French industries seemed near at hand. In this crisis Pasteur, who had never seen a silk worm, was asked by his old teacher Dumas to study the disease, and while reluctant to do so, set to work, and within five years had found the cause of the disease and methods of

prevention, and had saved his country from ruin. It has been said that Pasteur from this work alone saved to France enough to pay the cost of the Franco-Prussian war.

Before Pasteur's work certain microscopic corpuscles had been noticed in the blood and tissue of diseased caterpillars, and even in the eggs from which these were hatched. These micro-organisms often fill the whole of the organ, which in health contains a clear, viscous liquid from which the silk is made. Pasteur found that the moth from a diseased worm invariably contains these corpuscles and is incapable of breeding healthy progeny. He found that healthy worms could be infected by contact with diseased ones, and while such infected worms could spin normal cocoons, yet the moths which such worms yield always produce diseased eggs. Worms from sound eggs which contract the disease during their lifetime always spin their silk but give rise to a stricken moth the worms from which do not reach maturity and spin no silk. So that by using only sound eggs and avoiding contact later with diseased worms, the disease was soon conquered. Within a few years there was a return of prosperity to districts in which thousands of homes had been desolated by the terrible scourge.

By 1870 he had helped discover a new department of chemistry, had revolutionized the making of wine, beers and vinegar, had proven the truth of the germ theory of infection, saved the silk trade, and founded with Lister modern methods of surgery. As a result of this work Pasteur determined to study more closely the diseases related to the health of man. It was evident that what had happened in the case of silk worms, a disease cured by the removal of the germ which caused the disease, could also happen in the case of mammals.

It was known, as a result of Jenner's study of vaccination, that a serious disease might be replaced by a mild one which might offer sufficient protection against the more serious one. But Jenner's discovery remained an isolated one with no practical application, because not well understood, until Pasteur showed the nature of the poison of disease and the possibility of attenuating or weakening the virus so as to furnish a general method of preventive inoculation. The first instance in which Pasteur succeed-

ed in weakening the virus was in chicken cholera. The blood was examined, micro-organisms found which, when injected into healthy fowls, immediately caused death. He found that such poisonous cultures when kept several weeks exposed to air lost strength and would not when injected cause death, and would moreover when injected prevent death if the very poisonous cultures were later injected. Thus was established the principle of preventive inoculation, which was the first triumph of experimental inquiry into the cause and prevention of microbic disease, and opened the way to the study of all such diseases. He also found that a certain virus might be very injurious to one animal and not harmful to others.

He next studied anthrax or wool sorters' disease, which was, for a time a difficult problem for him because of the presence of spores, which he had not encountered before this and which were more resistant to the action of oxygen than the bacillus. He soon found, however, that sufficiently high temperature would prevent the formation of spores. It happened during his work on anthrax that Pasteur made the original discovery of the transmission of disease through a living intermediary. Little elevations of the ground in which animals that had died of the disease were buried, attracted his attention. These were examined and found to contain worms in which the germs of the disease were found. Cattle grazing over such ground, became infected by abrasions of the mouth from grass and stubble, and thus the chain of infection was completed. He was able soon after discovering the microbe to attenuate its virulence and show its preventive value by injections into sheep and cattle. In May, 1881, so confident was he of his grounds, he performed a famous experiment. He took 50 sheep in two lots of 25 each, one lot left to nature, the other he protected by injections of attenuated virus. On May 31st he inoculated all 50 sheep with a strong culture of anthrax bacillus. Within two days, of the 25 sheep left to nature, 22 were dead, 2 dying and one sick, while of the protected lot all were well.

The recital of such experiments seem rather simple to us now, but we must remember that it was the first time in the history of the world that they were being done, and are a remarkable tribute to the scientific acumen and courage of this

truly wonderful man. Within a few years the death rate among cattle and sheep fell from 10% to 1%, and agricultural insurance societies insisted upon preventive inoculations being given. By further study he was also able at this time to bring back the attenuated virus to the highly virulent forms showing how infectious diseases and epidemics may vary in severity.

Last but not least was his work on rabies, a disease the mention of which since earliest times excited horror and for the poor victims often the harshest and most inhuman treatment. How strange it is to us now to hear that Pasteur's dictum that dogs cannot go mad, that rabies does not come of itself but must be begotten of rabies, was violently disputed. One can easily picture the consternation in little villages fifty years ago by the announcement of "mad dog." Rabies is a peculiar disease in that the development of the poison may be deferred a long time after the bite. The virus was known to be in the saliva. An instance of Pasteur's intense love for science, even better appreciated when it is known that he was a very sympathetic, tender hearted man, might be related. He had heard of a dog infected with rabies being confined in a cage in a nearby village. Pasteur went to obtain some of the saliva. The dog, which was very violent, was lassoed, tied to the front of the cage, the jaws pried apart, and Pasteur through a glass tube inserted into the dog's mouth sucked the saliva and ejected it into test tubes (a very hazardous and unpleasant thing to have to do, and by one to whom it must have been very trying.) His investigations led him to believe that the disease was localized in the nerve centers. His experiments showed that injections of portions of spinal cords of diseased animals injected into healthy ones caused the disease. He further showed that the virus could be attenuated by drying the spinal cord in the air and that the virus from such cords when injected would not cause rabies, and later by successive inoculations into rabbits he was able to intensify the virus so as to shorten the latent period of development to seven days. The virus had now attained its full strength. He made the interesting discovery that the spinal cord of a rabbit which had died of the inoculation of a strong culture of virus, if removed aseptically and kept in dry filtered air at con-

stant temperature, would steadily lose in virulence day by day and at the end of 14 days would be non-virulent. By inoculating a sufficient number of rabbits and preparing the cords in this way he was able to stock the dried virus in every shade of strength from non-virulence to fullest virulence. With measured doses of these he was able to immunize dogs, and, of greater interest, injections even after the bite of an infected animal would prevent the subsequent development of the disease.

Pasteur's satisfaction and joy when fully convinced of the success of these experiments, on which he had been at work four years, was very great, and yet it was a long time before he could be induced to try the treatment on human beings. The story of little Joseph Meister and the young shepherd Jupille are known the world over to those interested in the marvels of modern medicine, and when by degrees this wonderful cure for such a dreadful disease became known, scientific men and patients from all parts of the world were attracted to Paris, and institutes in the principal cities of all large countries were established for the application of the Pasteur treatment.

Small wonder when we contemplate the ceaseless activity of this marvelous man of science and the tremendous importance of his discoveries that his fellow scientists have vied with each other in their encomiums of praise. An anonymous writer visiting his tomb and recounting his many contributions to science, said he was the most perfect man who ever entered the kingdom of science. He had accomplished more for doctors than whole ages of their work could accomplish. The chemist, biologist, physicist, and doctor of medicine, all viewed Pasteur as the founder of some of the most important departments in their several sciences. Dumas, a great scientist and one of his earliest teachers, called him the Columbus of the world of the infinitely little, and Paul Gibier, head of the Pasteur Institute of America, speaking of his death said: "Suddenly this man goes. His work will save more human lives than all the conquerors in the past and future did or will destroy."

Not only the actual accomplishments are wonderful, but the avenues of discovery opened up by his researches also, the fruits of which we are enjoying in increasing abundance.

He showed that every micro-organism is productive of a certain chemical substance, and that the true pathogenic virus or poison causing the disease is not the germ itself but a chemical compound which its growth creates. Thus in diphtheria the germ grows as it were outside the body but death often takes place from poisoning due to the products of the growing organisms. In all infectious diseases the cause of death is poisoning by chemical compounds, the microbe being not only the means of manufacturing the poison but of spreading the infection. But infinitely more remarkable and important, he showed that a small dose of these poisonous substances may cause immunity so that the poison when injected in such manner as to gradually accustom the system to it, the animal becomes not only refractory to toxic doses but also to the microbe itself. Thus was introduced the principle of antitoxins. "To Pasteur came the power, not dreamed of before him, of standardizing disease, to have its germs growing in a test tube and to have them of a definite strength; to graduate them in a regular series from non-virulence to full virulence; to stock a disease in all shades of strength, and to use these bottled poisons in their proper order to immunize men or animals against the natural disease."

No wonder that Lord Lister should have said, speaking at a celebration in honor of Pasteur's 70th birthday: "There is certainly not in the entire world a single person to whom medical science is more indebted than to you. Your researches on fermentation have thrown a flood of light, which has illuminated the gloomy shadows of surgery and changed the treatment of wounds from a matter of doubtful and too often disastrous consequences into a scientific act, certain and beneficial. But medicine owes as much to your profound and philosophic studies as does surgery. You have raised the veil which for centuries had covered infectious diseases. You have discovered and proved their microbic nature."

More important than any one of his discoveries is the fact that he established a new system of scientific thought. He was extremely patient, critical and rigorous in his method of work, always seeking after fundamental truth, and never asserting doctrines until every known test had been applied to prove its falsity

or correctness. Because he was so exacting himself, he had little patience with those whose opinions were founded on conjectures and on less carefully analyzed deductions. He was a courageous debater, sometimes abrupt and cruel in his criticisms or answers to the attacks of others, but he had been all his life in combat with age-old theories and beliefs, and was compelled to defend his ideas against those of the best scientific thought of the world. Such a life, so assiduously devoted to exacting and exhaustive work and saddened as it was by the death of his parents and daughters, must of necessity have drawn heavily upon his energies, and shortly after his investigation of rabies he was compelled to withdraw from other laboratory work. But he had not only founded a system of science but had attracted to him a corps of men whose names are familiar for the discoveries they also have made, and through them and their pupils the work will be continued until the entire field of microbic disease will have been investigated and conquered.

As a result of the power he gave men to explore the "Kingdom of infinitely small things" have come Koch's work on tuberculosis, the discovery of the cause of diphtheria by Klebs and Loeffler, and its cure by Roux and Yersin, and of cholera by Haffkine. The year 1894, one year before Pasteur's death, is remarkable as the first year of the use of diphtheria antitoxin, of Haffkine's inoculation against cholera, and of the study of bacteriology of plague. Discoveries have followed each other in rapid sequence since, that of typhoid fever, Malta fever, malaria and yellow fever, and more recently Flexner's work on cerebro-spinal fever, infantile paralysis, syphilis, etc., all of which are due to the original work of Pasteur.

Says Paget: "His everlasting place in science is high above making discoveries, and all over the world wherever the science and art of medicine and surgery are, there his influence is and his name is held in honor. For he did more than make discoveries, he discovered how to make them."

Honors one after another came to him during his life. Membership in foreign societies, decorations from foreign governments, membership in the French Academy, pensions from his beloved

France, of increasing value until he was made entirely independent of his work, and in 1892, on the occasion of his 70th birthday, a jubilee celebration was held at Paris, which was attended by the President of the Republic and high state officials, the Institute of France in a body, and deputations from government and scientific societies from all of Europe. But the greatest testimonial to his worth had already taken shape at Paris, in the building of the Pasteur Institute, which was erected by popular subscriptions.

At his death, which occurred in 1895, France wishing to honor him, decided to place his remains in the Pantheon, but, after a public funeral at the Cathedral of Notre Dame, the body was interred in a beautiful chapel in the Institute. Just above the entrance to his tomb is inscribed his profession of faith:

"Happy the man who has within him a Divinity, an ideal of beauty and obeys it, an ideal of art, an ideal of science, an ideal of Country, an ideal of the virtues of the Gospel."

The walls of the chapel are inscribed with the records of his scientific triumphs. Twice a year, on the day of the Master's birth and the day of his death, the workers at the Institute, the Pastorianians, come to the chapel, bringing flowers in memory of him.

An anonymous writer in "The Spectator" said of him: "Here was a life within the limits of humanity, well nigh perfect. He worked incessantly; he went through poverty, bereavement, ill health and opposition; he lived to see his doctrines carried all over the world, his facts enthroned, his science put in practice by all doctors and surgeons, his name praised and blessed by mankind; and the very animals, if they could speak, would say the same. GENIUS that is the only word."

Few men have lived their lives so unselfishly and with so much preoccupation for the good they might accomplish, as he did. To have remained in the midst of it all simple, earnest and faithful to duty, without self-seeking, is a triumph worthy of recording, and makes a career well deserving of emulation."

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MEDICAL TREATMENT AND MODERN TRAINING IN STATE INSTITUTIONS.

Address Delivered at the Joint Meeting of the Medical Societies of Somerset, Mercer, Hunterdon and Middlesex Counties at the State Village for Epileptics, at Skillman, N. J., June 9, 1921.

By Burdette G. Lewis

State Commissioner of Institutions and Agencies.

The disciplinary problems of public institutions are being handled in an entirely different manner than formerly. This is particularly true of correctional institutions. The physicians and other trained officers of such institutions are assisting the superintendents of correctional institutions in patterning much of their institutional administration after the best hospital and State institutions such as the Village of Epileptics. The days of the old-fashioned "strong arm" men as responsible officers of State institutions everywhere are numbered. This is inevitable for they always sailed under false colors and occasionally deceived some for the time but not even the noisiest of the advocates of brute force could be hoodwinked forever. It is finally becoming generally known that the man who settles things only with a club is a man who, nine times out of ten, lets things drift along until they reach the fisticuff stage and then thinks he settles all the difficulties with a shillelah. There is no need to fear that the pendulum is going to swing too far in the opposite direction for the open debauchery incident in the Boston Police strike, the gun play of young greenhorn desperadoes in our cities, and the lion-like violence in Russia, of the wearers of sheep's clothing who had come to America preaching anarchy and agitating against war in order to garner in the shekels from interior cities, have taught us that force has its place in modern society. During this present period we are calling both upon our God and upon our physicians and upon our trained men of common sense to fill our institutions for restraint and treatment with enlightened purposeful action.

Happily for our people we are not compelled to create a system. The discipline of this remarkable institution, of Trenton Hospital, of the Vineland Institu-

tion for Feeble-Minded and of our two State Homes for Boys and Girls and of our Women's Reformatory at Clinton, giving us a foundation. The modern medical treatment and research pushed forward upon a small scale, it is true, during the past three years in all of our State Institutions, is demonstrative of what may be expected under a logical plan of operation.

While the timid and unimaginative have debated what to do, these special hospital institutions have banished the club, the dungeon, the straight-jacket and the brute employee and have replaced them with the continuous hydro-therapeutic bath, with modern hospital treatment, with psychiatric and psychological tests for classification, with plenty of work, with better schools, and with sympathetic and purposeful people. The clearing up of toxima through modern diagnosis and medical treatment and the prevention of contagious diseases, the treatment for venereal disease and tuberculosis and the application of the best principles of pediatrics and of orthopedics in all State institutions are producing results which fully justify the State's expenditure for these purposes.

We need to remember that this has not been done and cannot be done by the institutions alone, although they are the centers where certain kinds of work must and can be done. The co-operation of the physicians throughout the State who have given of their time without stint, has been truly remarkable. Our faithful managers and the willing help of social workers and leaders of the public generally have inspired us all to greater effort. The women of the State have been a host in themselves and now that they are equipped with the ballot they are invincible. The service of all these devoted persons has made it possible for the Governor and the Legislature to provide appropriations sufficient to carry on this work. All in all, the results speak for themselves and justify us all in the hope that we are on the threshold of remarkable developments.

Now you physicians may ask how are these developments to be achieved, and I answer by making each institution a general health and training center with its various clinics and outposts where disease and degeneracy can be checked by application of preventative measures worked out in the institutions and in our

cities. In order to do this properly, our fourteen existing State institutions must be enlarged and five new ones developed. The buildings and the equipment of Trenton and Morris Plains State Hospitals, of the State Homes for Boys and Girls and of the Institution for Feeble-Minded at Vineland, must be doubled and modernized. We must follow the lead of Boston and of Johns Hopkins University and Medical School and provide a modern psychopathic hospital in the northern part of the State as a great medical and training center for preventative work and to make up for our lack in New Jersey of any medical college whatsoever. We must develop two training schools in the northern part of the State for defectives who now clutter our classrooms and fill our streets and run their Godless course in our cities. Not that these youths are inherently bad. The wonder is that they are not worse, but our point is that their natural impulses must be directed into common sense and hopeful channels. We must also have a new reformatory so we can use our Rahway prison structure as an industrial branch of our State Prison. As a reformatory the Rahway structure simply is not. As a prison it is one of the best types of British Prisons.

Turning to the Village for Epileptics, we may say that it must have treatment facilities so that new and hopeful developments in the treatment of epilepsy can be carried out as effectively as the routine medical work, school work, farm work and as the financial administrative work of this institution is now carried forward under the able leadership of Dr. David F. Weeks.

When these institutions are secured it will then be possible for State and county institutions to co-operate to the best degree in handling all cases. With one or two exceptions the county institutions are, as in other States, not equipped to provide the medical, diagnostic and nursing services which the best modern treatment of new or disturbed cases requires. It would be impossible in the very near future to find the staff or to find the money to equip each of these county institutions to perform this service. We must follow the example of other States and provide for initial treatment in State institutions and for the custodial handling of quiet able-bodied type in those county institutions that are not and can-

not very well be equipped for this modern training and treatment. I am not suggesting that the State should control these county institutions, but in a small State such as New Jersey, it ought to be possible for a proper degree of co-operation without raising the question of control. Certainly the provision of the facilities is more important than the question of control.

Now in order to bring this about, the State Legislature has referred to the people for the decision of the institutional construction bond bill which authorizes the expenditure through an estimated period of ten years of \$14,000,000 for the reconstruction of the fourteen existing institutions and the construction of five new institutions. At first blush, you may feel that this is a large sum of money, but when you consider what it is to purchase, I think you will agree with me that it is a very small sum of money, and if you gentlemen could have the time to study the situation in detail, I am sure you would feel that would be the case. I hope you will do this as this matter comes up for decision next November, and is one in which all the physicians as well as the other leading citizens of the State are much interested.

County Medical Societies' Reports

CUMBERLAND COUNTY.

E. S. Corson, M. D., Reporter.

The July meeting of the society, held at the Moretti House, Vineland, July 5th, was one of the most interesting held there for a long time. The announcement that Dr. S. B. English, Glen Gardner, would be present insured a paper that would be of the highest scientific interest. He approached the subject of tuberculosis from the practitioners standpoint, and showed that the disease in its incipency is most difficult to diagnose. The presence of influenza may produce conditions simulating the disease. It may exist without the presence of the bacilli being demonstrable, and without which most of the classical symptoms may pass away and the patient be at least for the present non-tubercular. He spoke of the position held by the State Sanatorium as being for incipient cases, or those capable of producing at least a symptomatic cure. It was supposed that the counties would provide sanatoria for the advanced cases so that their isolation from the incipient would eliminate the loss of morale. But nine counties had met the intent of the law, and the chronic cases are held at home until the possibility of recovery is gone. There is more need of trained practitioners than specialists.

Dr. L. E. Evans of Philadelphia addressed the meeting on the "Relation of the Doctor

to Insurance Companies." He said a million dollars was paid out for industrial insurance in the State of New Jersey, and two hundred and fifty thousand of it went to the doctors. He showed the attitude of many physicians in charging for daily treatment for two weeks in order to cover the entire bill for treating the case. For example he cited a collar fracture as having been dressed daily. He also spoke of the many cases of maltreatment. Plaster casts left in situ until the muscles had atrophied and fibrous ankylosis had taken place.

The desire of the insurance companies is to secure in each locality some physician who is especially skilled in the specific condition involved, and have the case referred to him without delay, and not wait until it is necessary to call one into consultation.

It would be well for every society to avail themselves of this interesting and instructive address.

The annual picnic will be held at Fortescue, Weber House, on Wednesday, August 17th. Dinner at 5 P. M.

There were but few visiting delegates present. This may have been due to the proximity of the meeting of the State Society.

PASSAIC COUNTY.

Leon E. De Yoe, M. D., Secretary.

The May meeting of the Passaic County Medical Society was held at Odd Fellows Hall on the twelfth of the month at eight forty-five P. M.

The president, Dr. John S. Yates, read a paper which had been written by Mr. Hart, editor of the Passaic Daily News, entitled "Tearing Out the Doctors." The paper presented, in very interesting manner, the viewpoint of the layman on things medical and was much enjoyed by all.

A letter from the New York Society of Anesthetists requesting our support in establishing a special section in anesthesia in the American Medical Association was read. A motion was made, seconded and carried that the secretary complete the forms giving our support in this matter.

A proposed amendment to the constitution which would combine the offices of the secretary and reporter was presented to the society. Adjournment followed.

Local Medical Societies.

Washington Society of Clinical Medicine.

F. J. LaRiew, M.D., Secretary.

The June meeting of the Washington Society of Clinical Medicine was held on Friday evening the 17th, at the Hotel Easton, Easton, Pa., Dr. Paul Correll, chief surgeon of Correll's Hospital was the host.

Members present were: Drs. C. B. Smith, C. M. Williams, F. P. McKinstry, T. S. Dedrick and F. J. LaRiew, Washington, N. J.; Drs. Theo. Hampton and Edgar Lane, Bloomsbury; Drs. Paul Correll, E. L. Hoffman, Stanley Krebs, John H. West, C. P. Struths of Easton, Pa. Visitors present were: Drs. J. Mitchell Reese, F. A. Shimer, Chas. H. Lyons and Thomas Barber, Phillipsburg; Dr. Frank Cur-

tis, Stewartsville; Dr. H. B. Bossard, Harmony; Dr. George Mills, Hackettstown, and Drs. B. Rush Fields, Chas. Collmar, B. M. Hance, C. G. Harmon, Victor S. Messinger, Jos. Stotz, J. S. Cohen, F. C. Roberts, E. H. Deck, W. G. Tillman and John Sherrer, Easton, Pa.

Dr. Thomas Barber is the State Senator from Warren County, N. J., who worked in such a broadly capable and efficient way for the various measures advocated by the Medical Society of the State of New Jersey during the last session of the legislature.

On motion the visitors were granted all the courtesies of the meeting and asked to take part in the discussion.

The dinner followed and was a credit to the discriminating selection of the host—Dr. Paul Correll—and to the manager of the Hotel Easton, who has a sense of the fitness of things.

The subject of the evening was "The Urinary Bladder and Genitalia." It was divided into three parts: "The Anatomy and Physiology," "The Diagnosis and Treatment of Their Diseases" and "Surgery."

"The Anatomy and Physiology of the Genito-Urinary Tract of the Male and of the Bladder and Urethra of the Female" was the subject of the paper read by Dr. Stanley Krebs of Easton, Pa., Assistant Surgeon in the Correll Hospital, who was a medical officer in the navy during the Great War. Anatomy and Physiology are usually dry and sleepy subjects but Dr. Krebs handled them in an unusually able manner and made them as interesting as any other subject.

"The Diagnosis and Treatment of Diseases of the Urinary Bladder and Genitalia" was the subject assigned to Dr. B. M. Hance of Easton, Pa., who specializes along this line. Dr. Hance was a lieutenant in the army during the Great War and many of the boys who got in wrong remember the care and treatment he gave them.

The subject of his paper was "Cloudy Urine" and he gave a thorough, comprehensive and scientific description of what was found and what to expect along the line of his subject.

The "Surgery of the Urinary Bladder and Genitalia" was the part assigned to Dr. Paul Correll, Easton, Pa., surgeon at Correll's Hospital. The doctor was a captain during the late war and thus it will be noticed that all who read papers were ex-service men. This subject was handled in Dr. Correll's best manner. He did not have a paper but spoke of the various points with which a surgeon comes in contact.

I gathered from his remarks the following: "Severe tubercular infections of the bladder are not primary. In these cases sixty per cent. have infection of the kidneys. Remove the most diseased kidney and the kidney left will restore in ninety per cent. of the cases. Tuberculosis of the bladder will clear itself if foci is cleared up. Stone in bladder is purely surgical. Get the patient ready for the surgeon by diet and rest so that he can be operated as soon as he reaches the hospital.

In prostatic trouble the second stage is the best time to operate. This is when the disease has not yet cut of the outlet. The hospitals get ninety per cent. of the cases when the outlet is completely shut off. Prostatic surgery has received a black eye because of receiving cases so late. The two-step operation is now

most favored—but cases are lost both ways. Enucleation of prostrate is not done any more where there is malignancy. The radium needle is now used. I saw one dermoid cyst in a Chicago hospital. Authorities do not usually mention it. In diverticulum of the bladder the urine is usually clear in the daytime and cloudy at night. This is because the residual urine overflows while in the reclining position and cloudy urine results.

Tumors of the bladder are thirty-five per cent. multiple and sixty-five per cent. single. The cystoscope verifies this. No guessing any more. The cystoscope should be used more universally. Diagnosis is made easier in all branches of medicine if the proper scientific instruments are used. We should all do this to keep us way ahead of the various cults so that the public will have more faith in our methods. Make the public respect our profession.

Dr. Correll said much more which was good and understandable to the general practitioner but I did not get it all as I do not take it down in short hand.

Other Organizations.

It is stated that at the convention of the Socialist party of the United States, held in Detroit, last month, their membership has dropped from 100,000 to 17,000.

The Middlesex County Professional Guild will have a dinner at Ross Fenton Farm, Asbury Park on August 17th at 7 o'clock P. M.

New Jersey Conference for Social Welfare.

This conference will be held in the Hotel Stacy-Trent, Trenton, October 25-26, 1921. The subject discussed will be "The New Community Ideal."

Insignia to Entitle Physicians to Right of Way.—At the May meeting of the Hudson County Medical Society, held at Hoboken, a resolution was adopted and committee appointed to take up with governing bodies of the several municipalities in the county the proposition of placing American Medical Association insignia on the front of automobile radiators to entitle physicians to right of way.

New Jersey Conference on Venereal Disease.

Arthur J. Casselman, M.D., Reporter.

About one hundred and fifty physicians from New Jersey, New York and Pennsylvania attended the conferences on the Diagnosis and Treatment of Gonorrhea and Syphilis, which were given under the auspices of the Venereal Disease Bureaus of the New Jersey State and Newark City Health Departments.

The first session which was devoted to syphilis began with the discussion of an exhibition of stereopticon slides illustrating "The Cutaneous Manifestations of Syphilis" by Dr. Howard Fox of New York. These slides were chosen from a collection of several thousand photographs taken by Dr. Fox and his father, Dr. George Henry Fox. Among the seventy slides shown were numerous illustrations of the severe types of late cutaneous syphilis that are rarely seen at the present day on account

of our improved methods of diagnosis and treatment.

The routine treatment of syphilis and the demonstration of the drugs used at the Bellevue Hospital Clinic was discussed by Dr. Mihran B. Parounagian of New York, Director of the Department of Syphilology, Bellevue Hospital.

In the afternoon meeting the staff of the Newark Hospital Dispensary Clinic demonstrated the administration of the various forms of arsphenamine and the injection of both soluble and insoluble mercury salts.

Dr. H. S. Martland, Director of the Newark Hospital Laboratory, demonstrated the differential diagnosis of the treponema pallida with living cultures of the organisms of syphilis and Vincent's angina. The technique of the Wassermann reaction and the colloidal gold test was explained.

The Thursday session was devoted to the diagnosis and treatment of gonorrhea. It was opened with three operations at the Newark City Hospital which were followed by practical demonstrations of the accepted treatment for gonorrhea, conducted in the Newark City Dispensary Clinic by the clinic staff.

In the afternoon Dr. E. L. Keyes Jr., Prof. of Urology in the Cornell Medical College, discussed the principles of the "Pathology and Treatment of Chronic Gonorrheal Urethritis."

Dr. Colin Luke Begg, Associate Professor of Urology in the Post-Graduate Medical College, gave the last paper, "Complications and Sequelae of Gonorrhea and Their Treatment."

The conference closed with a "bedside" clinic at the Newark City Hospital, where Dr. C. R. O'Crowley, Chief of the Newark Clinic, discussed the treatment of gonorrhea cases and demonstrated the use of the cystoscope.

The conference on the diagnosis and treatment of gonorrhea and syphilis has demonstrated the advisability of co-operative effort upon the part of municipal and state health departments in rendering a post-graduate service to the medical profession. The health authorities are stimulated by such a conference to further work. Physicians are rendered a distinct service which they appreciate, and the public is ultimately benefited by better diagnosis and better treatment, through more enthusiastic service by the entire medical profession. (The papers read at the conference appear elsewhere in the Journal.—Editor.)

Miscellaneous Items

The doctor who operated upon himself for appendicitis died. Not from the operation, for he made an uneventful recovery. But he inadvertently "sent in his bill to himself and the shock killed him."

Record of 923 Prostatectomies.—G. Marion, well-known urologist of Paris, who receives an appreciation in a recent issue of *El Siglo Medico*, has recently performed his 923d prostatectomy.

Men Have Been Shot for Less Than This.

I note that in Waukegan the Chiro make a girl stop talking and in Waukesha they make one talk—all by the easy method of adjusting the fifth cervical vertebra. Is it in order to

suggest that these Wisconsin burghs be re-named? Would Taukegin and Tauk-o-shaw be appropriate?—E. P. L.

Chiropractors Given Jail Sentence.—Refusing to stop the practice of chiropractic without a license, Alice Huhn of Anaheim, California, was sentenced, May 27, to sixty days in the county jail.—It is reported that F. B. Whidden, publisher of the California Chiropractor, was sentenced, June 17, to sixty days in jail for practicing without a license.

Rural West Virginia Needs Doctors.—According to the authorities of the School of Medicine of the University of West Virginia there is a pressing demand for physicians who will practise in the rural communities of that State. They state that Summerville, the county seat of Nicholas County, does not have a doctor, and Clay County has only one to look after the people living in its 332 square miles. In some of the other counties many people live from fifteen to twenty miles from the nearest physicians, and in some of the mountain counties it is almost impossible to get doctors to make visits into the country districts.

Army Medical School, Washington.

The closing exercises of this school were held at the National Museum in Washington, D. C., when diplomas were presented to sixty-five graduates, among whom were Capt. V. H. Cornell and Capt. I. K. Lovett of New Jersey. The Sternberg medal was presented by Brig. Gen. McCaw to Capt. Virgil H. Cornel, Medical Corps of New Jersey.

Doctors Sacrifice Life to Save Patients.

Dr. J. H. Hartwell of Philadelphia died June 20th—his life a sacrifice to his profession. The North American of that city says: Nine days ago Dr. Hartwell pricked his thumb when operating on a little girl 4 years old. The operation scarcely had begun when the accident occurred. Doctor Hartwell realized the situation at once. He knew as soon as the needle penetrated the rubber glove and entered his thumb that his own life was in danger if immediate action were not taken to counteract the deadly poison that had entered his system. But the physician realized also that if he were to interrupt the operation on the child, her death would be certain.

Facing the alternatives, Doctor Hartwell courageously proceeded with the operation, sacrificed his own safety for the remote chance to save the child's life. The next day the pain in his thumb became so intense that he went to the Anderson Hospital, 1711 Green street. Two days after his admission to the hospital, the child on whom the physician operated died. The physician's thumb was amputated, but his condition steadily became worse.

Doctor Hartwell, who was born in Worcester, Mass., February 18, 1873, graduated from the Medico-Chirurgical College in 1916. In the war he was a lieutenant in the medical corps. He was on the staff of the Anderson Hospital and of the National Stomach Hospital, 1514 North Fifteenth street.

Doctor Hartwell's death marks the second

time in two months that a Philadelphia physician sacrificed his life to aid a patient.

Dr. Pierre N. Bergeron, 1908 West Girard avenue, died in St. Joseph's Hospital May 11 of an infection suffered when he cut his finger in operating on a patient suffering from pleura pneumonia.

The Objects Sought Are Accomplished by Emasculation of the Doctor. State Health Insurance.

Elsewhere we publish a timely paper by President Sawyer of the American Institute of Homeopathy on the subject of state health insurance, a pernicious form of legislation that is being pressed in several state legislatures. While addressed to homeopaths, it is equally applicable to the status of Eclectic medicine, and general medicine as well. If the objects sought by the promoters of health insurance are accomplished it means the emasculation of the doctor. While it strikes most forcibly upon the value the doctor places upon his services and increases his opportunity to make a decent living, its worst feature is the harm it will do the doctor himself and the profession he represents.

The free and independent practice of medicine gives to each individual practitioner the incentive to do and achieve. It fosters individuality. To become a mere employee of a political body limits one's capacity and his desire to do the things which under the present status has made the growth of medicine and surgery one of the marvels of the century. To plod as a follower, permitted to do so much and only so and so, and to be paid a fee fixed by the average legislative body—a body unable to appreciate the value of such work as the saving of human lives by medicine and surgery—will mean a famine in doctors. There will, of course, be plenty of men to take up the work—to keep records, to serve grudgingly until the whistle blows, to menially bend to the union's demands—but can these be called doctors?

Let the state do everything it can to safeguard the public health. There is plenty that it can do. Let it help the doctor and let the doctor help the state. But do not throttle the doctor in his efforts to do his best for mankind and for himself. Do not rob him of initiative, of individuality, of striving to attain a better and better practice of medicine. Let the state keep its hands off the legitimate practice of medicine and it will be better for the sick, the state and the doctor.

As each state has its rights so has each individual. That these rights be free from violation there must be watchfulness and protection. Only in concerted effort can the latter be obtained. Let every doctor join his state and national organization, and let all medical organizations, of whatever creed and pathy, join in a united front to see that this protection remains inviolable. It is time for the doctor to wake up and take notice; if he does not he will awaken some morning to find himself shorn of his rights and the means of livelihood which have been gained by himself and cheerfully granted by truly grateful patients in the exercise of the most unselfish profession that the world knows today.—National Quarterly.

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

NOTE.—The transaction of business will be expedited, and prompt attention secured if,—

All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to THE EDITOR.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL are sent direct to THE CHAIRMAN OF THE PUBLICATION COMMITTEE.

SECURE INTELLIGENT AND HONORABLE LEGISLATORS.

We urgently appeal to every member of every county society Welfare Committee to do his utmost to prevent the renomination of the men who voted against, or failed to vote for, Senate Bill No. 149 at the last session of our legislature, and, in the event of their renomination, to defeat them at the polls. Doubtless the same secret propaganda would be carried on as last fall, of inducing bank officials, merchants and others to send legislators lots of letters asking them to vote for such legislation as the legislators desire, and find it profitable to vote for, even if it does endanger the lives and health of our citizens.

There are several others of last year's legislators who ought to be defeated—the men who opposed Bill 149, resorting to grossly unfair and unparliamentary tactics to defeat it, but who when they found it would pass both houses of the Legislature voted for it. We will not characterize such action as it deserves, but ask those who are solicited to write some more letters to legislators, to consider their responsibility in this serious matter involving human lives, when these very legislators, as cunning politicians—seek to shift their responsibility on the

letter writers. We call special attention to a communication signed "Essex" on page 265.

"CANCER WEEK."

The Directors of the "American Society for the Control of Cancer" propose to have a country-wide "Cancer Week." Its object is to draw the attention of people, the newspapers and the profession to the menace of this disease, and to the best means of combating its serious results. The time set for the "Cancer Week" is October 30th to November 5th inclusive. Dr. Edward J. Ill, Newark, has charge of the campaign in New Jersey.

A local committee will be appointed in the various communities and its is proposed to have two public meetings arranged for—one for men and the other for women. The committee will provide good speakers. This is an exceedingly important movement, as facts show that while the United States lost 80,000 soldiers in the World War, 180,000 people died of cancer in this country during the same two years, and that cancer is now killing one out of every ten persons over forty years of age.

The "Cancer Week" campaign should enlist the active co-operation not only of the members of the profession but of the laity also in all of our cities. Open warfare by thorough discussion and action will mean the prevention of a very large number of needless deaths from cancer.

Subscribers who do not receive their Journals should promptly let us know about it. We are anxious that every copy do its duty. It is already paid for. We should be promptly notified of all changes of address, and particularly should we be notified of any error in the initials or the spelling of names. And we are always glad to get such news items as journeys, marriages, deaths, etc. Do not forget to send all such items to the Editor, directed, not to Orange, but to New Brunswick.

We have received, since writing the above, a communication from an able member, asking for a copy of the Journal he failed to receive and expressing appreciation of the Journal. He refers to two or three members in his community who are "inclined to favor the discontinuance of the Journal." We will not

cite his words except that "these men are not in general practice and are often hypercritical." We shall always, as heretofore, welcome kindly criticism, as we wish our Journal to be more and more worthy of the grand Society it represents.

We believe, and we think our members believe, as the above correspondent says, that "for the oldest Society in the country with such an honorable record to cease publishing the Journal would be discreditable, would damage our standing and growth and would call forth much criticism from the many other State societies that have followed our example. It should be continued if it costs the Society twice what it now does." We refer our readers to what was said in our editorial in the June issue about the cost of publication in the Journal compared with the cost of the annual volume of Transactions.

We have been obliged to defer insertion of some papers read at our Society's annual meeting because their authors are away from home, enjoying their summer vacations and, therefore, cannot receive proof for correction.

TYPE OF MEDICAL SERVICE UNDER THE PANEL SYSTEM.

The medical man under the English Health Insurance law is not able to give patients proper attention. The following is taken from the British Medical Journal:

The patient was a builder's laborer and was suddenly taken sick with severe abdominal pains and sickness. He went to the panel doctor who was overwhelmed with work and found a long line of insured people who were waiting to get their papers signed. The doctor did not think there was anything serious the matter with the man and did not examine him, but gave a simple remedy. The next morning he was still very ill and again saw the doctor, who was again overwhelmed with patients and again did not examine him. He died a day or two after without any medical attendance. It is needless to say that the man would no doubt have lived if he had been operated on. The doctor stated at the inquest that he did not have the time, as he was busy six hours at a stretch signing cards and doing clerical work instead of attending to his practice. The jury

excused the doctor because of the "scandalous amount of work that was imposed on him under the act" and gave a verdict of "death from natural causes" and added a rider that more care should be exercised in the future in the matter of examining insured persons by doctors under National Insurance Act

OUR CALUMNIATORS.

It seems to be taken now for granted in certain quarters that in resisting certain attempted legislative encroachments upon their rights as practitioners the members of the medical profession are necessarily actuated by economic considerations in the main. While we are perfectly willing to concede the force of such considerations, we dissent utterly from the ascription of wholly sordid motives to those of us who are protecting ourselves and the public health against the indecencies and dangers that certain nuisances seem bent to put upon us.

There is a large element of pure malice in this kind of slander. What other class in our commonwealth sacrificed itself more in the late war than the medical profession, from which sacrifice many medical men are still suffering severely? We have proven the stuff of which we are made. Our record disposes of vile calumnies. Our accusers merely betray their own base psychology. Thoroughly sordid themselves, they can discern no decency in others. Their own sordidness is confirmed who would debase us through socialization.—Medical Times.

THE FRUITS OF QUACKERY.

One of the best hotels in a great city, towering high on a beautiful boulevard, almost within the business district and yet overlooking the lake! In a beautiful suite high up, away from the noisy bustle of the city, sits a kindly looking gray-haired man. A touch of the wall buttons brings servants scurrying to do his bidding, for he is free with tips and with his smile. At his word a seven-passenger Peugeot, of the latest model, guided by a uniformed chauffeur, rolls up to the entrance. He wishes, perhaps, to attend the theatre or to take an airing in the park or see a friend. Not too often the latter, for he has few friends! The transient guests inquire of the clerk as to his identity. Perhaps he is a member of some foreign royal family; perhaps a magnate resting on the well-earned laurels of some gi-

gantic deal in copper or in cotton! But no! It appears he made his fortune by selling sugar and salt. A pinch of salt and a pinch of sugar in a barrel of hydrant water guaranteed to cure any disease if the sufferer will only put one drop in each eye night and morning—approximate cost, 6 cents a gallon—selling price, \$5 an ounce! Through the Middle West, in little country graveyards, are the bodies of some who read the advertisements and believed. And the "professor" orders out his car and says to the chauffeur with a lordly wave of his hand: "To the park, James." The mills of the gods grind slowly . . . Obviously.—A. M. A. Jour., Oct. 2nd.

THE REMARKABLE CASE OF MIRIAM RUBIN.

From Minnesota Medicine, April Jour.

How a man morally or intellectually honest can be a chiropractor is beyond comprehension. It is conceivable that a chiropractor may be morally honest but lacking in his inductive and deductive reasoning, but that this is true of the majority is questionable. It seems more likely that the majority are intellectually keen but should be classed with the charlatans.

We are the more confirmed in our opinion by the recent nation-wide advertising being conducted by these individuals. We refer in particular to the advertisement of the miraculous cure of little eight year old Miriam Rubin of Waukegan, Illinois. Silence is generally admitted to give consent, and in this case silence would give credit to spinal manipulation for the accomplishment of results unobtainable by medical science. If the statements appearing in the advertisement were true, well and good. From start to finish they are false.

Dr. Nesbitt, the Rubin family physician, has sent a statement showing the absolute falsity of the affidavit the chiropractor secured from the parents—"in a hurry to get it off to meet adverse legislation in New Jersey." The doctor says: "Of course no self-respecting person would stoop to such a proceeding. I will not compromise the parents to explain how it was obtained. My relations with them are too friendly and confidential." "No one knows better than lawyers how affidavits are sometimes obtained that are of no value."

In a personal letter Dr. Nesbitt says:

"Now doctor, this whole thing is practically of no concern to me, locally it has added to rather than taken from my reputation (25 years among the best families in this city). Having more than I want to do, I have simply tried to help the medical profession at large, and in a measure undeceive the public. And in addition show up the fakers in their true light. Previous to this affair I never could have believed there were such unmitigated fabricators outside the criminal class."

QUACKERY AND LEGISLATION.

From the Illinois Medical Journal.

Various cults are cropping up each year which are highly financed and have an extremely active and well paid lobby and a legislative influence that is entirely disproportionate to the number of their adherents. There are probably less than one thousand chiropractors in the State of New York and there are fifteen thousand licensed physicians, but I dare say, the legislative influence of the chiropractors, highly organized as they are, is many times as great as that of the fifteen thousand members of the poorly organized medical profession.

Through the immense propaganda of the various cults, the lay public in the last twenty years have been subtly influenced against the profession of medicine, not against the individual physician but against the so-called "Doctor's trust." Physicians know that these allegations are untrue but they do not even take the trouble to deny them much less do they wish to educate the public to a proper appreciation of what medical science and art is and does. Without this education of the public, it will be impossible to secure their good will and aid, and without either of these any attempt on the part of the profession to benefit the public by means of legislation will fall to the ground.

The representation of the medical profession in the legislature is today woefully inadequate even though we have two members in the Assembly. Efforts should be made to increase this representation in those districts of the State where it is possible. Men should be asked to stand for election and every effort made to secure their election. But most important of all is it that the medical profession clear itself of all the groups and cliques who are striving not mainly

for the benefit of the public and the profession but for other and ulterior motives or are acting upon the unshaken judgment that they must be right and the whole body of the profession wrong; whose chief idea is the formation of compacts with other groups for the purpose of controlling the election to office in the State Society. These evils must be exercised, the Society must be united, it must organize, it must educate the public or if it do not, so surely as the tide covers the sand bar, the profession of medicine will become the tool or instrument of forces existing today in the commonwealth, whose sole desire is power attained through absolute control of the medical profession.

The medical profession within the State Society is not in reality organized * * * The amount of money spent by the Society in prosecuting the work of its Committee on Legislation is woefully inadequate; it has never, so far as your chairman can recall, exceeded seven cents per capita of membership. The chiropractors alone spend from twenty to fifty thousand a year to maintain their legislative lobby; there are less than a thousand of them and the State Society had nearly nine thousand. A contribution from each chiropractor of twenty to fifty dollars a year and from each member of the Society seven cents! From the sublime to the ridiculous!—J. J. Rooney.

SAVE LIVES AND KILL QUACKS.

Collier's Weekly in an editorial in the July 5th issue says:

The quacks are not all dead yet. Some years ago Collier's took great joy in administering a course of corrective medicine to a considerable number of poison fakers—nostrum manufacturers who preyed upon the gullibility and ignorance of the unprotected public. Many and great changes have since taken place, and, according to figures from the Public Health Service, fewer than two hundred newspapers in America will now accept advertising from these people.

But as long as these few exist, and as long as quacks have access to the mails, harm will be done. There is now before the Senate Committee on Post Offices and Post Roads a bill (S. 1189) designed to prevent access to the mails of any printed matter containing advertisements of the worst class of medical quacks—the so-called

"men's specialists" and makers of "specifics" claiming to cure venereal diseases. These charlatans have done much to spread, not only false and harmful information, but also the disease themselves, which are among the worst known menaces to the health of society. This bill deserves the heartiest support from every member of Congress and from the country at large.

HUMAN PARASITES SPONSOR COMPULSORY HEALTH INSURANCE, STATE MEDICINE AND ALLIED MENACES.

Compulsory Health Insurance and similar schemes are sponsored and supported by the parasitic non-producers such as the cities are filled with together with professional politicians, reformers for revenue, amateur reformers, derailed menopausics, social workers, trying to decide what is good for somebody else. It would be a blunder to place in the hands of the government the functions now efficiently handled by private citizens. Do not let us violate the laws of good government by placing in the hands of these impractical people matters that require sound judgment for their successful operation.

State Medicine, the National Socialization of Medicine, the Practice of Medicine by State Universities, Social Insurance all foster and bring about autocracy and bureaucracy and destroy individualism.

Autocracy like monopoly is bad for the country. Bureaucracy destroys industrial development. The lack of necessity to hustle is bad for the future of the country. Individualism is never so good and sound and healthy as when, like a chicken, it must do a certain amount of scratching for what it gets.—Illinois Med. Jour.

Welfare Committee of the Medical Society of New Jersey.

—This committee, recently appointed by Dr. Henry B. Costill, president of the State Society, met in Atlantic City, June 29, and outlined a legislative campaign, which included a proposed measure to deal with the demands of the osteopaths to practise medicine and surgery by the setting up of a single standard of qualifications for all who would receive an unlimited license to practise. There is also the intention

to seek an amendment to the workmen's compensation law, which would provide for what the physicians think would be a fair compensation for both the hospital and the physician in the care of persons injured in industry. It was decided to ask the State Board of Institutions and Agencies to place a physician on the board of managers of the various State institutions in which the care of the health of the inmates is a large factor. The committee also recommended that a physician be placed in an executive position on the State Rehabilitation Commission. The committee is composed of Dr. Wells P. Eagleton, Newark; Dr. T. W. Harvey Sr., Orange; Dr. D. C. English, New Brunswick; Dr. John McCoy, Paterson, and Dr. Donald Meyer, Jersey City; Dr. Frederick Quigley, Union Hill; Dr. S. J. Quinn, Elizabeth; Dr. W. A. Carrington, Atlantic City; Dr. H. L. Rose, Camden, and Dr. Fred H. Morrison, Newton.—The Medical Record.

MEDICAL SOCIETY OF NEW JERSEY.

Reinstated and New Members.

Kaufman, Edgar W., Pennsgrove.
Malatesta, Charles S., Plainfield.
Mentzer, Clayton A., Carney's Point.
Sutherland, Robert C., Pennsgrove.

Correspondence.

Intelligent, Honorable Legislators Needed.

Mr. Editor:

We were glad to know that our State Society's Welfare Committee will conduct a vigorous campaign the coming year, especially on the election of legislators for the purpose of safeguarding the public in health matters. Several counties had some legislators this year who ought not to be returned, especially in Essex and Middlesex. We will take care of Essex and Middlesex ought to down the men who misrepresented that county. We have seen a newspaper clipping containing the announcement of one of your men that he would run again this fall, which for ignorance, impudence and egotism we have never seen equaled. It was unfortunate for him that it was headed by his picture. It is high time he "petered out." Let us have men for the Legislature who are not "peanut politicians." Essex.

In reference to Middlesex, we regret to say that in conversation with its Assemblymen on Bill No. 149, they had little or nothing to say on the merits of the principles involved in that bill, but their grievance seemed to be that some doctor or doctors had "offended them" personally. Did that account for their votes?

Bill 149 was for the protection of the lives and health of the citizens of New Jersey.

D. C. E.

Therapeutic Notes.

Acute Articular Rheumatism.—Dr. Nelson advocates absolute rest in bed with patient dressed in flannel nightclothes and between blankets. The affected joints should be kept at rest by bandaging first applying the given formula:

Ichthyol
Methyl salicylate
Oil turpentine, aa 3iv
Lanolin, q. s. 3iv.

M. et Sig. Cover affected parts with cotton and oiled silk. Liquid diet, preferably milk, must be given together with fruit juices, and plenty of water. Elimination through the bowels, skin, and kidneys must be carefully attended to. Calomel and soda bicarbonate, followed in four hours by Rochelle salts or a Seidlitz powder, are usually indicated at the beginning of the treatment. Rhubarb and soda may be given to advantage until the tongue is clean. A discontinuance of animal foods and alcohol is necessary all through convalescence. —Medical Adviser.

Treatment of Tonsillitis.

Dr. Lapat deals with tonsillitis as a local infection in the first few hours, and uses applications to destroy the bacilli and their toxins. He has found hydrogen peroxide and a solution of iodine, 15 per cent., the best for the purpose. — He removes the exudation from the tonsils by swabbing with hydrogen peroxide and then on another swab applies iodine to the crypts. These applications are made twice a day, care being taken that no iodine runs down into the pharynx. The throat is sprayed every 2 hours with the following solution:

Ichthyolis, 3ii
Olei Anisi, min. iii
Aqua, ad 3ii.

"To be used as a spray every two hours."

Treatment of Scar Tissue.

It is stated that scars, even those leading to extreme contractures, may be softened by painting them with

Pepsin, 5.0

Acid hydrochloric (0.2%), 100.0

After a while they may be massaged and stretched without pain.—Critic and Guide.

Guaiacol Inunction in Pneumonia.—Dr. Wollerton in Clinical Medicine, advocates an inunction composed of equal parts of guaiacol, oil eucalyptus, and methyl salicylate, as a local application to the chest in pneumonia, every two to four hours, when the temperature is above 102 deg. F. Its usual effect is to induce copious perspiration, lower the temperature, and make the patient feel more comfortable. It should be used with care in asthenic cases.

Eserine in Persistent Tachycardia.—Drs. Lian and Velti have tested eserine sulphate, 1 to 3 mgms. as a daily dose in eleven cases of permanent tachycardia. The syndrome of sympatheticotonus seems amenable to this treatment and some patients felt more or less relief subjectively, although in other cases the improvement was only noted by objective examination. If bromides and valerian give no relief, this

substance may be employed. Some of the patients slept better after having taken the eserine. The latter should be carefully supervised, for the patient, if left to himself, will be apt to take too much of the drug. But one mgm. should be given at first and when necessary two, followed possibly in time by a third when the medicine is well tolerated.—Le Bulletin Medical.

Treatment of Eclampsia.—The following method is used in one of the large obstetric hospitals in New York City: In very serious cases colon irrigations of bicarbonate of soda solution of nine gallons are given every eight hours. This is given slowly, taking at least three-quarters of an hour for the treatment. Hot packs are administered every eight hours, and the treatments are given alternately so that the patient receives therapeutic measures every four hours. Forced fluids are given, consisting of 10 ounces every two hours of either milk or water. Chloral, 15 to 30 grains, is given by rectum every four hours. The amount of treatment and medication must be adjusted according to the condition of the patient.—Medical Record.

Treatment of Red Nose.—The internal administration of ichthyol will often cure redness of the nose, especially in adolescents, according to Gross. In anemic young women the combination of ichthyol and iron lactate in pill or capsule form, $\frac{1}{2}$ grains of each at a dose, will frequently correct this annoying condition. A blanching effect which sometimes persists for several hours can be produced by the local application of a compress soaked in benzin.

Hospitals; Sanatorium.

The Monmouth Memorial Hospital, Long Branch, will receive \$2,500 by the will of Mrs. Julia Seligman.

Atlantic City Hospital.

The city commissioners voted \$15,000 to the city hospital at their meeting last month. The sum is given as compensation because of the large service the institution is doing for the municipality in the way of dispensary work and free wards.

Bridgeton Hospital. The report of this hospital for June shows: Number of patients admitted, 44; discharged, 45; operated on 26; died, 3; remaining, 20.

Cooper Hospital, Camden.

The annual report of this hospital, recently issued, shows that there were 3,840 cases treated in that institution during the past year. This was an unusually large number.

Hackensack Hospital Report.

For the month of May: Patients admitted, 230; discharged, 215; operations, major 76, minor 63; births, 29; deaths, 12; ambulance calls, 37; dispensary cases, 134; radium treatments, 10; x-ray, 244.

The following is the report of the work of the Hackensack Hospital for the month of June, by Superintendent Mary J. Stone, R. N.:

Patients admitted, 230; patients discharged, 216; major operations, 60; minor operations, 64; births, 36; deaths, 12; ambulance calls, 43; dispensary cases, 124; radium cases, 10; x-rays, 203.

Orange Memorial Hospital.

The new building is 171 feet long by 56 feet wide. It contains 33 private rooms, one bed each, and seven semi-private rooms with 21 beds; ward with 16 beds; special with 3 beds; nurses 4 rooms with 70 beds, and 5 labor rooms with 5 beds; 3 operating rooms with 4 beds; 1 doctors' room with one bed; reception, solarium, bath, etc., 20 rooms and 18 duty, service, store locker and other rooms.

The cost of the building was \$292,000, furniture and equipment, \$24,000. \$311,000 were subscribed before opening.

Salem County Memorial Hospital.

Dr. James, secretary, sends the following report for June: Admissions, 54; discharged, 50; births, 6; deaths, 2; operations, 34; accidents, 7.

Bonnie Burn Sanatorium.

Dr. John E. Runnells, superintendent, reports that on June 1st there were 264 patients in the Sanatorium, 149 males and 115 females. This number includes 45 males and 37 females in the Preventorium. During the month 28 patients have been admitted, 14 males and 14 females. One of these admissions went to the Preventorium. Among these admissions there were four re-admissions. The admissions are classified as follows: Non-tubercular, 2; pre-tubercular, 4; incipient, 1; moderately advanced, 2; far advanced, 19. The largest number of patients present at any time during the month has been 272; smallest number, 261. Present June 30, 271.

Medical Ethics and Medical Progress.

Wherever there are good hospitals and good nursing there always good surgery is to be found. On the other hand, it is quite impossible even to imagine the development of anything like satisfactory surgery where the hospitals are poor and, above all, unclean, and where there is no nursing such as would be helpful in the after care of surgical patients.—J. J. Walsh, Hospital Progress.

Hospital Case Records.—The matter of case records is of such great importance that I deem it proper to consider it first. A close analysis of the reason for keeping accurate case records cannot help but reveal the rapidly extending field opened up by the recent developments along these lines. The amazing changes which a reform in the records of any hospital will effect will be sufficient reward to an institution making the effort. To any hospital that has lost itself in a maze of confusion and is floundering in the slough of despondency, let me advise them to try the following scheme: Have a "records committee" formed from the staff and management, set aside a

room to be devoted to the business of records alone, appoint a registrar, employ a stenographer to be trained as a medical statistician, have weekly committee meetings and plan a definite campaign.—Hospital Progress.

General Census Should Include Hospitals.—Uncle Sam should add "a hospital census" to his other statistical responsibilities, if only hospital interests and others concerned will take steps to impress the urgency of the need. The trouble has been, however, that the need of a federal inventory of our hospitals has not been so acutely sensed by the public at large nor the Bureau of the Census. Consequently, we have the spectacle of Uncle Sam publishing, just now, a list of the hospitals in Latin America, but making no effort to secure correspondingly complete enumeration of similar institutions in the United States.—W. Fawcett, Hospital Management.

Function of Hospital Social Service.—Social service in a number of properly equipped and favorably situated institutions can and should participate actively in education, in the training of medical students, of nurses, and of hospital social workers themselves; and social service departments in all institutions should have educational interests and by-products. Likewise, medical-social research should be pursued, collecting and interpreting data which will shed light on the social relations, the causes and the means of dealing with disease.—Hospital Social Service.

Hospital as an Industry.—Unfortunately success in hospitals is only too often measured by a standard set by the community in which the hospital finds itself. Almost all hospitals, barring those privately owned, are administered by a board of trustees or directors. This group usually feels that its responsibility ends with the employment of a superintendent. Or the members believe that the effort required to penetrate the atmosphere of secrecy that pervades many hospitals is too great and the resulting lack of knowledge of their affairs results unfavorably for the hospital's welfare.—M. A. Slocum, Hospital Progress.

Deaths.

ROBERTS.—At Holmdel, N. J., June 15, 1921, Dr. Daniel Edgar Roberts of Keyport, aged 60 years.

Dr. Roberts graduated from the University of the City of New York in 1883.

BERG.—At Plainfield, N. J., June 12, 1921, Mrs. Emma W. Berg, wife of Dr. Joseph F. Berg.

Personal Notes.

Dr. Noble H. Adsit, Succasunna, and wife returned recently from a motor trip of 1,025 miles in New York State.

Dr. Lamar Voorhees, Newton, has been confined to his home by a broken leg.

Dr. Alfred C. Benedict, South Orange, and family are spending the summer aboard their

boat, "The Halcyon," on the St. Lawrence River.

Dr. H. Morton Pierson, Roselle, and family, are spending the summer on Lake Champlain.

Dr. Cuthbert Wigg, Boonton, and wife who were injured in a collision with a trolley and were treated at the Memorial Hospital, have recovered and returned home.

Dr. Henry P. Dengler, Springfield, spent several days last month at Sea Side Park.

Dr. Robert H. Woodruff, Hackettstown, and wife spent several days recently at Edgartown Mass.

Dr. Millard F. Sewell, Bridgeton, addressed the local Rotary Club on July 7th.

Dr. Earl LeRoy Wood, East Orange, is spending the vacation camping on the Belgrade Lakes, Maine.

Dr. Selma Weiss, Newark, was the first women physician to ride on the City Hospital ambulance as a regular interne. She recently completed her course of training at the hospital and will begin the practice of her profession in Newark.

Drs. John S. Young, Rahway, and Ira T. Spencer, Woodbridge, returned last month from a month's tour of the New England States and Canada. They visited several hospitals in the larger cities.

Dr. Isaac Barber, Phillisburg, has been appointed one of the delegates to represent New Jersey at the annual Conference on Taxation at Bretton Woods, N. H., September 12th to 16th.

Dr. G. Wyckoff Cummins, Belvidere, was operated on in a Bethlehem, Pa., hospital last month for appendicitis.

Dr. George E. Gallaway, Rahway, and wife spent a few days last month at Greenport, L. I.

Dr. Howard C. Voorhees, New Brunswick, and family are spending August at Belmar, N. J.

Dr. Charles M. Dane, South Orange, has returned from a two weeks' stay at West Hampton.

Dr. Samuel C. Haven, Morristown, and wife spent the month of July in Nova Scotia.

Dr. Frederico Luongo, Orange, and family, are on a three months' tour of Italy.

Dr. Briscoe B. Ranson, Maplewood, has returned from his summer home at Edgartown, Mass.

Dr. Warren H. Young, Little Falls, spent a few days last month at Mason's Island, Conn.

MEDICAL EXAMINING BOARDS' REPORTS.

	Exam.	Passed.	Failed.
Alabama, January...	7	5	2
Arizona, January	5	5	0
Arizona, April	5	2	3
California, February	72	37	35
Connecticut, March..	37	29	8
Colorado, January ..	17	12	5
Dist. Col., April....	11	6	5
Illinois, March.....	92	81	11
Iowa, January.....	3	3	0
Kentucky, May.....	50	49	1
Maine, March.....	10	8	2
Minnesota, January..	28	28	0
No. Dakota, January.	3	2	1
Oklahoma, January..	10	3	7
Oregon, January....	20	15	5
Porto Rico, April....	6	5	1
Utah, January	2	2	0
Wisconsin, January..	13	11	2

State Medical Board Organizes.

At the annual meeting of the State Board of Medical Examiners, July 5th, Dr. James J. McGuire of Trenton was elected president to succeed Dr. John J. Mooney of Jersey City. Dr. Alexander MacAlister of Camden was re-elected secretary, while Dr. Joseph H. Bryan of Asbury Park was named as treasurer to succeed Dr. McGuire.

The National Board of Medical Examiners met in Minneapolis and Rochester, Minn., Feb. 23 to Mar. 2 and examined sixteen applicants, of whom 11 passed and 5 failed.

Public Health Items.

Election of State Health Board Officers.—At its annual reorganization meeting at Trenton July 6, the State Department of Health elected Dr. Henry Spence, of Jersey City, president, and Dr. Thomas B. Lee, Camden, vice-president.

Bridgeton Health Report.—During May there were 36 cases of measles, 5 of chickenpox and 2 of mumps. The sanitary inspector says that for the first time in years no tuberculosis was reported.

Newark Health Report.—The report for May shows: Total deaths, 410; tuberculosis, 53; cancer, 34; apoplexy, 37; organic heart disease, 53; pneumonia, 21; Bright's disease and nephritis, 32; diphtheria, 3; congenital debility and malformation, 32. The death rate was 11.6 per 1,000 population; same month of previous year, 13.1. There were reported 102 cases of diphtheria; 210 scarlet fever; 130 tuberculosis; 202 pneumonia; 43 gonorrhea; 42 syphilis; 2 chancroid.

Orange Health Report.—The health officer reports for June 179 cases of communicable disease: Pneumonia, 23; scarlet fever, 14; chickenpox, 12; mumps, 11; tuberculosis, 4; diphtheria, 2; meningitis and tetanus each 1; measles, 111.

State Department of Health Report.

During the month of April 3,322 deaths were reported; 431 of children under one year of age; 200 over one and under five; 1,235 of persons of sixty years and over. The death rate for the month was 12.08. Some of the main causes of death: typhoid fever, 7 cases; scarlet fever, 34; whooping cough, 35; diphtheria, 51; influenza, 38; tuberculosis, 313; cancer, 255; pneumonia, 234; infantile diarrhea, 52; Bright's disease, 305; diseases of nervous system, 346. There were reported 700 cases of diphtheria, 1,232, scarlet fever; 937 pneumonia; 508, tuberculosis; 46, smallpox; chancroid, 6; syphilis, 315; gonorrhea, 225.

The Manila, Philippine Islands, report for January and February, 1921, shows: Cholera, 8 cases, no deaths; cholera carriers, 4 cases, no deaths; varicella, 65 cases, no deaths; diphtheria, 3 cases, no deaths; dysentery, 27 cases, 16 deaths; typhoid and paratyphoid, 71 cases, 21 deaths.

Last case of smallpox occurred September

12, 1920; last case of varioloid November 9, 1919; last case of plague September 12, 1914.

Newborn Babies as Diphtheria Carriers.—During an epidemic of diphtheria in a lying-in institution, the newborn were tested for the presence of diphtheria bacilli. Forty-three were found to be carriers, and of this number ten developed the disease and six died. However, but one of the six died of diphtheria outright, as sepsis was the actual cause of death of four, although diphtheria was doubtless a contributory cause.—*Zeitschr. f. Kinderheilkunde*.

Tuberculosis Schemes.—I do not mean to infer that elaborate and costly schemes for the treatment of tuberculosis are not necessary, but I certainly do wish to imply that they will not meet with a full measure of success unless they are put into really competent hands. The present tendency appears to be to spend money lavishly on tuberculosis schemes, but to do little to ensure that their conduct is entrusted to highly skilled workers.—H. Gauvain, *Brit. J. Tuberc.*

Public Health Education.—Twenty years ago, as Prof. E. L. Collis has pointed out, public health medicine was practically confined to questions of sanitation, the compilation of vital statistics, regulations for healthy housing, and for the notification and isolation of specified disease. The old medicine concerned itself with disease; the new envisages prophylaxis, social therapeutics, and education—and the greatest of these is education.—*Lancet*.

Success in Health Work.—The master key to the door of success in the public health business is work. The health officer who consistently works hard will often succeed in much higher degree than the health officer of greater attainments who does not work so hard. Do not be discouraged if your efforts do not result in the establishment of perfect conditions. Get the best results you can and strive for more and better. Be practical; use common sense.—L. L. Lumsden, "Rural Hygiene," *Public Health Rep.*

Diagnosis But Not Treatment the Fad.—With the disappearance of the general practitioner, there seems to be growing up a passion for diagnosis to the exclusion of medical care and treatment save in those conditions for which specific remedies have been discovered. General medical care, the use of simple remedies, applications and devices which may mean so much to a suffering patient, are seemingly beneath the notice of the newer physicians. In other words, the doctor in the old meaning of the term is leaving the field which is being increasingly occupied by an army of quacks and charlatans under various meaningless titles; for the people will seek health and relief from pain and suffering, and if it is not forthcoming from sources which should produce it, they will inevitably fall into the hands of these ignorant and lying promisers who year by year bombard the legislature for recognition, and not securing it, continue to ply their trade with little let or hindrance.—M. Nicoll, Jr., *Health News*.

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ORATION IN MEDICINE.

Delivered at the 155th Annual Meeting of the
Medical Society of New Jersey, at At-
lantic City, June 15th, 1921.

A SURVEY OF MODERN MEDICINE. NEWER METHODS IN DIAGNO- SIS AND THERAPY.

By Martin J. Synnott, A.M., M.D.,

Lieutenant-Colonel M. R. C., U. S. Army, For-
merly Chief of Medical Service, Camp
Dix, New Jersey.

Montclair, N. J.

The practice of medicine is very different today from twenty-five years ago. Then drugs were freely used and little or no attempt made at finer diagnosis. Our present knowledge teaches us that drugs are of very little assistance. It is true we have a few specifics, such as quinine in malaria, digitalis in heart affections, mercury and arsenic in syphilis, but no drug has any curative action in diabetes, kidney diseases, the infections, or in most of the long list of maladies to which human flesh is heir. A generation ago, laboratory aids, and these few in number, were available only to a favored few. Today the Wassermann test is provided free in nearly every municipality or State; likewise throat cultures, and blood tests for typhoid and malaria. Laboratories and trained technicians are ready at a moment's notice to give us accurate and detailed reports on blood, stomach contents, sputum, faeces, urine, spinal fluid and all the other excretions and secretions.

Kidney functional tests, agglutination tests preliminary to transfusion, the Schick test, the various acidosis tests, special urinary examinations for ammonia nitrogen, chlorides, etc., were all but unknown a quarter of a century ago,

whereas today they may be had for the asking. Blood chemistry is now an exact science, and a necessary adjunct in the prognosis and treatment of kidney diseases, and of diabetes.

The x-ray and other instruments of diagnostic precision such as the polygraph and electro-cardiograph are at the disposal of nearly every practitioner, whereas a generation ago, they were either unknown, or regarded as scientific curiosities quite out of reach of the ordinary man or without practical value, or significance.

The old-time doctor's usual method was to feel the pulse, look at the tongue, put his ear to the chest outside of coat or vest, and write a many-drug prescription. The urine was rarely examined except for albumin. Few men owned microscopes or knew how to use them.

The genus is now extinct, or nearly so. Instead, we have the modern physician, well educated, well read, keen and alert for new things, ready to lay aside methods when convinced they are useless, his mind open to suggestion and advice, appreciative of the fact that no human brain can hope to grasp all knowledge and ready to call for the help of men of special training and experience when he is in doubt.

The Physical Examination.—Every patient who comes to such a man for diagnosis is given at least one complete survey. A written record is kept of the findings for future reference. This may be brief but it is comprehensive. A few well directed questions elicit valuable information as to family tendencies to infectious diseases, psychic disturbances, food idiosyncrasies, etc. The patient's race, age and occupation are recorded. The previous health history is gone into briefly, but thoroughly, particularly as to the infectious record. In this way the diag-

nosis is narrowed to those maladies for which the patient has not developed an immunity, by reason of a previous attack. The significance of the information elicited is thoughtfully weighed. Thus it is well known that there is racial susceptibility to infection. The Hebrew, for example, is prone to diabetes and arterio-sclerosis; the negro to tuberculosis and syphilis.

The physical examination begins with a careful inspection of the entire body. Anatomical peculiarities or markings such as shape of head, face, eyebrows, distribution of hair, pigmentation of skin, fat distribution, pigmented moles, melanotic spots, type of pelvis and genitalia, abnormalities in extremities, are at once apparent if present. Such an examination if thoroughly made, enables one to recognize or at least suspect at the start such unusual types as acromegaly, myxedema, status lymphaticus, Graves' disease, Addison's disease, lymphatic leukaemia, Hodgkin's disease, etc.

After these preliminaries, the physical examination then proceeds to search for lesions. The eyes are tested for vision and light reaction, the knee-jerk reaction noted, the blood pressure before and after exercise recorded, and simple co-ordination tests made. The peripheral circulation, capillary pulse, and any unusual flushings, tache or skin irritability, sweating during the examination or psychic manifestations observed. If a murmur is present it is studied first with the patient standing and later in recumbent position, and the effect of exercise carefully noted. The examination begins with the head and works downward through the anatomy, ending with the pelvis and rectum.

The laboratory tests include for every new patient, a complete urine analysis, the Wassermann test, a blood examination, including hemoglobin estimation, red, white and differential cell count. Certain cases will require in addition special laboratory procedures, a cystoscopic examination or a Roentgen study; but the outline of future requirements is made at the first session.

Such an initial examination as has been indicated above conforms to the essential requirements of a personality study, an anatomical, physiological, psychological and immunological survey, and if the physician has proper office system and works with dispatch, it may be completed in 30 to 40 minutes.

Focal Infections.—The importance of thoroughness in the physical examination of our patients has been emphasized in recent years by the discovery that infections play a most important role as an underlying cause of nearly all chronic ailments.

The acute infectious diseases such as scarlet fever, and diphtheria frequently are the forerunners of metabolic diseases later on in life. The toxins and bacteria from minor foci of infection, as the teeth or tonsils, when they once enter the circulation may also attack the vital organs and cause metabolic troubles,—such as diabetes and arterio-sclerosis.

There are in the United States today at least half a million diabetics. The number of victims of cardio-vascular-renal disorders added to these must total several millions. It is most important therefore that every practicing physician should be familiar with the fundamental principles underlying the etiology, diagnosis and treatment of these conditions. A systematic attempt must be made to locate all focal lesions, whether in the teeth, tonsils, stomach, gall-bladder, appendix or colon, and to eliminate them if the patient is to be benefited.

General Symptomatology of Focal Infections.—The symptoms of focal infections, no matter where located, present sooner or later the typical syndrome of a chronic intoxication. Headaches, migraine, gastric disturbances varying from sharp attacks of nausea and vomiting to simple eructations of gas, cardiac palpitation and arrhythmia, dizziness, light-headedness, easy fatigue are the more common and earlier complaints.

Mental depression, melancholia, loss of memory, sensory disturbances, drowsiness, functional neuroses, and even insanity are the results of prolonged toxicity. Constipation is the rule. Pain is not always complained of, but when present is important as a guide to a definite diagnosis. Thus duodenal ulcer is almost invariably accompanied by severe pain. The patients are usually underweight, sometimes emaciated.

The blood pressure may be increased in the early stages but in chronic toxic cases we frequently find it subnormal. Arthritic involvements, neuritis and neuralgia are common complications. Urticaria, rashes, dermatographia and endocrinasthenia are frequent phenomena. The blood shows a moderate secondary

anaemia The white cells may be slightly increased. Sometimes there is a leucopaenia. There is low polynuclear resistance. In toxic states, of intestinal origin, the eosinophiles are increased up to five and even eight per cent.

The urine may contain albumin and casts, indican is often present in excess, and the total acidity is high.

The usual sequence of chronic toxæmia is as follows: a bacterial infection probably starting in teeth or gums (oral sepsis) or tonsils or accessory sinuses; secondary foci in stomach, gall-bladder, appendix or colon may occur. Then follows achylia gastrica, chronic atrophic gastritis, chronic biliary stasis, chronic masked cholecystitis of low grade of infective virulence, chronic mucous colitis, spastic constipation, chronic nephritis, low grade arthritis.

The Teeth.—The teeth should always be carefully examined, and if there are large fillings, gold crowns, bridge work or evidence of pyorrhoea or infection, a complete x-ray examination is essential. The films must be carefully studied and every physician doing diagnostic work should himself understand how to recognize dental x-ray pathology and to interpret its significance.

Impacted and un-erupted wisdom teeth are a frequent cause of trouble, such teeth often showing coronal abscesses or other evidences of infection. The apical abscesses and granulomata, pyorrhoea, sclerotic bone, osteoclasia, cysts, cavities, etc., are a few of the conditions most frequently met with and easy of recognition by the practiced eye.

Brilliant results have undoubtedly been obtained from extracting diseased teeth. Facial neuralgia, antrum trouble, tinnitus aureum, cases of iritis and recurring furunculosis, digestive disturbances, particularly achylia-gastrica have over and over again been cured by oral surgery. Cervical glands, which may have been diagnosed as tuberculous, all kinds of headaches, infectious arthritis, endocarditis, have been known to disappear or have been greatly relieved by the extraction of teeth.

Rosenow has demonstrated that pyelitis and cystitis may at times be hematogenous infections from the teeth, and that the end results of these conditions are often renal calculus and stone in the bladder.

Admitting all this to be true, we must nevertheless not be led into the reckless habit of advising the extraction of teeth first and then if the patient fails to improve, studying him further in the attempt to find out what really ails him.

The conservative physician will be wise not to promise the patient too much from tooth extraction. A great deal of harm may be done by the enthusiast who predicts results based upon unsound medical diagnosis. The patient's headaches may have been due to nephritis, a migraine of intestinal origin, or an advanced arteriosclerosis; the arthritis may have been gouty, gonorrhoeal or tuberculous; the pains in the shoulders and arms may have been due to degenerative changes in the aortic arch; or the clinical symptoms may come from infected tonsils, gall-bladder, appendix, a chronic bronchitis, sinusitis, a diseased prostate or cervix, tubal or urinary infection.

It is the writer's opinion that all teeth showing gross apical pathology and plainly evident alveolar infection or general pyorrhoea should be removed. There is a big difference however between a plainly infected tooth that is a loose sequestrum and one firmly held in the alveolus of the jaw. It is unquestionably wrong to advise patients to have all their teeth removed without even a Roentgen diagnosis, as is frequently done by certain over-zealous physicians nowadays.

The ruthless extraction of teeth must not be regarded as a panacea for most diseases. Teeth which are vital and useful for reconstruction purposes should never be needlessly sacrificed. In some cases downward projections of the antrum have been mistaken for abscesses and other equally serious errors made by men whose lack of experience in interpreting dental films or clinical symptoms has lead astray.

The x-ray frequently shows pulpless teeth with partially or completely filled root canals. Should such teeth be extracted? This is a mooted question. There are the radical physicians and dentists who maintain that all pulpless teeth are infected and should therefore be removed. There are others who claim that not all pulpless or devitalized teeth are dead, and these men advise leaving such teeth alone, particularly if the Roentgen film shows the presence of an intact peridental membrane. Still others—the ultraconservatives — believe that a tooth

should be saved at any risk. What is the correct solution? Unfortunately, there are no hard and fast rules to guide. In deciding whether or not devitalized or pulpless teeth, which show no visible Roentgen apical infection, are to be removed,—I believe we should be conservative at least in selected cases, until it can be proven definitely that all such teeth are infected.

The extracting should be done by a skilful dentist who operates in the modern way, with the minimum of trauma. The alveolar cavity must be cleaned out and all necrotic tissue removed by careful curettage, as otherwise an infected process may be left behind to give trouble in the future. It is not an uncommon experience to meet cases where the gum has healed over, after extraction and looks quite normal, but the Roentgen film reveals distinct areas of residual infection, or of cystic degeneration. This is seen in many edentulous jaws. After extracting teeth, the importance of early restoration of the patient's masticating efficiency should be borne in mind.

The Tonsils.—A careful examination of the tonsils should always be made in every case, no matter what the patient's complaint may be. A casual glance into the throat, such as many physicians give, is not enough and often leads one into subsequent embarrassment. It is good practice to take the patient into a dark room or closet and with a head mirror, direct a strong beam of light into the throat. A Hurd separator is used to draw the anterior pillar of the fauces forward and outward. With properly directed pressure, the tonsil will pop into view and its condition may be studied at leisure. Many tonsils are so covered by the anterior pillars that an inexperienced observer is apt to think the patient has had a tonsillectomy performed, but when the pillar is drawn away, in the manner just indicated, a large tonsil comes into view, often badly infected with pus oozing from various crypts.

Three types of infected and diseased tonsils are commonly met with: First, the large, hypertrophied, soft tonsil, the crypts of which are filled with infectious material and which on pressure give forth caseous material, often with a decidedly foul odor. The patient with this sort of tonsil is subject to bronchial affections, or frequent colds or attacks of naso-pharyngitis.

Second, the low, flat, fairly large tonsil, not necessarily hypertrophied, reddened and infectious looking, with large crypts but without the presence of caseous material. In this type of tonsil the border of the anterior pillar is usually reddened, and the pharynx may have a hypertrophic appearance. The patient may deny ever having had any throat trouble, yet on pressure, the tonsils exude a thin canary colored pus which on culture may show a streptococcus hemolyticus or viridans, or diplococcus.

Third, the small buried tonsil which cannot be seen until the anterior pillar is retracted, as it is often completely hidden between the musculature of the anterior and the posterior pillars. It may be fibrous, hard and composed almost entirely of connective tissue.

The first two types of tonsils require removal. This is hardly open to controversy. The third type may be resected as a last resort if one wishes to remove all possible foci of trouble.

All types of infected tonsils may produce systematic symptoms, such as arthritis, endocarditis, neuritis, myalgia, etc. Digestive disturbances are frequently met with. Thus Cotton has repeatedly demonstrated that removal of infected teeth and tonsils has cured achylia gastrica. One should be careful, however, in advising tonsil removal, as in advising the extraction of teeth, not to promise too much. There may still be other foci,—as for instance, the gall-bladder;—nor can oral surgery be expected to remedy anatomical damage already done to an arthritic joint, or remove new bacterial foci which may have been lighted up in joint or endocardium.

In tonsillectomy, the choice of operation is immaterial, providing the tonsil and its capsule are removed intact. Probably in no other field of operative work has poorer surgery been done in the past. Cultures should be taken from diseased tonsils and teeth, with the purpose in mind of preparing an autogenous vaccine for future administration in the event of this being indicated.

I see no advantage in the x-ray treatment of tonsils recently advised by some. It is uncertain and not free from risk. The salivary glands may undergo atrophy from the Roentgen rays, and the patient be left with a dry mouth. Radium likewise, is uncertain, and ulceration and serious sloughing has followed its use in

tonsil treatment. X-ray therapy, at present, is indicated only in cases where the patient is a poor surgical risk.

The Accessory Sinuses.—Every physician doing diagnostic work should be able to recognize the symptoms of sinus disease. The history is always suggestive. The x-ray and the transilluminator are valuable and oftentimes necessary aids to diagnosis.

The subjective and objective symptoms present are usually sufficiently evident to direct attention to affected part. Ethmoiditis, and sphenoiditis are pathological conditions distinctly within the sphere of the specialist to diagnose and treat.

The rarer pathological conditions of the antrum due to dental abnormalities, or to bone necrosis extending into the floor of the antrum from an apical dental abscess or infection, may be recognized on the x-ray plates. In all antrum cases, the upper molars and bicusps should be Roentgenographed.

Adenoids.—Malocclusion of the teeth, mouth breathing, faulty development of the mouth and face, narrow and compressed arches, pinched nose, etc., may be due to nasopharyngeal adenoids. These should be removed if present and an attempt made subsequently to correct the faulty breathing habit by proper training, and the anatomical defects by orthodontal treatment.

Heart and Lungs.—It is not necessary to be a heart specialist or to be able to interpret electrocardiograms or sphygmographic tracings in order to examine the heart properly. One should, however, be capable of analyzing, classifying and differentiating heart murmurs, their direction of transmission, whether systolic or diastolic in time, the significance of arrhythmia, and in a given case, after weighing the evidence, be able to give a common sense opinion as to whether the symptoms indicate a functional cardiac disturbance or an organic lesion. The routine examination of heart and lungs, including percussion and auscultation, may be supplemented at a later sitting by an x-ray or electrocardiographic examination if indicated.

In a case of suspected pulmonary tuberculosis a Roentgen examination by a competent radiologist should always be obtained. In this way a definite decision in a doubtful case may be arrived at in almost every instance. The writer con-

demns most emphatically, the practitioner who makes a diagnosis of pulmonary tuberculosis, simply because the patient has lost weight, appears pale or is "run-down." Many such cases may, on closer study, be found to be due to some endocrine disturbance, diabetes insipidus, pernicious anaemia or other obscure condition.

Autogenous vaccines, if properly administered, may be helpful in the treatment of certain chronic chest conditions, such as purulent bronchitis and bronchiectasis.

The Abdomen.—In examining the abdomen, one naturally looks first for any palpable enlargement of the liver or spleen, and the presence of masses where masses do not belong. Among the unusual abnormalities which must be borne in mind in the course of an examination of the chest and abdomen, may be enumerated the following: diverticuli of the oesophagus, congenital or acquired; diaphragmatic hernia of stomach; omental and other types of hernia; gastric ulcer with various deformities caused by this condition; duodenal ulcers; pyloric stenosis; duodenal dilatation; appendiceal concretions; carcinoma of colon or caecum; tuberculosis of colon or ileum; perimembranitis of colon with loss of musculature; redundant sigmoid causing stasis and absorption of toxins.

Etiology of Abdominal Conditions.—Ulcers of the stomach and duodenum, gall-bladder infections, and appendicitis, functional gastric disturbances, achylia gastrica and intestinal indigestion are undoubtedly often caused by direct swallowing of infected material from the teeth, tonsils or naso-pharynx. Less often perhaps, the infection comes by way of the blood or lymphatic channels.

Many of the pathological conditions seen in the course of an abdominal operation begin as a result of infections or inflammations in infancy or early life. Recently the roentgenological studies made by Dr. Charles G. Kerley of New York in cases of poorly nourished children have shown just the conditions found in the operative work upon the adult insane at Trenton. The enormously enlarge caecum, the prolapsed transverse colon, the enormously elongated and reduplicated sigmoid, the spastic colon, the ptosed stomach, have all been shown by Dr. Kerley to exist, in the very young. Many of these little patients

have been badly fed, often with super-fatted modified milk formulae, or on badly balanced diets with an excess of soluble carbohydrates. There may be a history of an acute food poisoning or a severe diarrhoea.

Treatment of Abdominal Conditions.—

In the treatment of all kinds of abdominal conditions, the importance of proper living, proper eating, recreation, exercise, and sleep should be emphasized as the most necessary essentials to a cure. Golf, walking and all forms of out-of-door sport should be encouraged. The constipation may be overcome by suitable abdominal exercises, a diet of bulky vegetables, fruit, bran foods, agar-agar, fruit senna paste, occasional trans-duodenal lavage with one per cent. sodium sulphate, mineral oil, and in obstinate cases by small repeated daily doses of cascara sagrada. The sinusoidal current is a valuable adjunct to other measures. Tonic baths, hydrotherapy and massage have their proper place.

Atropin, belladonna and benzyl-benzoate are of undoubted value in the treatment of the spastic colon. Sodium bicarbonate alone or combined with calcined magnesia is indicated in the treatment of gastric and duodenal ulcer and hyperchlorhydria. Lactic acid milk and Eiweiss milk have been proven of value in the treatment of intestinal fermentation. Toxic colon conditions may be treated by alkaline irrigations using a one per cent. solution of dry carbonate of soda; or by Dakin's solution, prepared from hypochlorite; or by permanganate of potash in the strength of one in one thousand.

Recently implantations of pure cultures of live colon bacilli or of proteus bacilli, or of Bulgarian bacilli, or acidophili, have been used in the treatment of colon conditions where examination of the stool shows that the normal bacterial flora has disappeared and instead are found gas bacilli or other harmful and extremely poisonous bacteria. If these organisms can be first hydrolyzed and washed away by a series of medicated irrigations, and later the normal bacterial flora or beneficial strains of bacteria implanted in the colon, theoretically, at least, the condition of the patient should improve. I have used this method of treatment in a large number of suitable cases, and in a fair percentage have met with gratifying clinical results. This whole method of

therapy is still in the experimental stage, but I believe it may eventually lead to something valuable. At least, it should be tried at the outset of treatment in most cases of chronic disease. Of course, if the infection is not merely in the contents of the colon, but has extended to the walls of the bowel and to the mesenteric glands, this plan of treatment cannot be expected to accomplish much more than partial alleviation of the symptoms.

In cases of visceroptosis, much can be accomplished by an initial bed rest, with elevation of the foot of the bed, a diet selected to improve assimilation and weight building, and a proper abdominal support. Buckles and belts will sometimes work miracles in such cases.

Autogenous vaccines prepared from cultures of infected mesenteric glands or other infected tissue removed in the course of an abdominal operation, should always be prepared and a series of inoculations administered. Recently vaccines made from the abnormal faecal flora, and Berkefeld filtrates of liquified stools have been used for inoculation purposes. Those employing them make the usual claims of successful results.

When it is apparent as a result of our various examinations, aided by x-ray, gastric analysis, etc., that there is trouble in the abdomen, the exact nature of which we cannot definitely determine, and we are further satisfied that nothing but surgery can be expected to effect a cure, an exploratory laparotomy should be advised; assuming, of course, that the patient is a suitable operative risk. The incision should be made where we believe the chief trouble is located, i. e., in gall-bladder region, appendix region, etc. The incision should be no longer than necessary, but yet large enough so that when stretched it will admit the operator's hand. The entire abdomen should then be investigated and the surgeon should not be content to merely lift up and tie off an appendix. The stomach and pylorus are carefully palpated for ulcer or malignancy, the gall-bladder is investigated for stones, dilatation, thickening, adhesions or other evidence of infection. The liver is felt for nodules.

Operations for enteroptosis and the Lane "short-circuiting" procedure have been generally abandoned. Very few surgeons of repute are performing them any longer. Surgical reconstruction, such as removal of the ascending colon,

or the sigmoid, is, unfortunately, attended with very great risk,—statistics showing that about one in every fourteen patients thus operated on, dies. This high mortality is due usually to failure of the tissues to repair, because of the extreme condition of malnutrition or toxicity of the patient. Radical surgical procedures of this kind are, I think, justifiable only in desperate cases, as a last resort where all other remedial measures have failed and where the patient would prefer death to continued suffering. In this class we have in mind the insane and those crippled by an advancing and hopeless multiple arthritis.

One cannot watch the developmental reconstructive abdominal surgery being done at the State Hospital in Trenton by Dr. Henry A. Cotton and Dr. John W. Draper without being tremendously impressed by the necessity for such treatment if anything curative is to be remotely hoped for, for these poor unfortunate insane people.

One can readily understand in the face of the gross pathological findings seen in the course of these abdominal operations, how uncertain any form of treatment looking to a cure is in the advanced cases. The difficulty is that we do not get these cases, as a rule, early enough. If we could see and recognize our colon cases, while only the contents are toxic, and before the intestinal walls and the mesenteric glands have become involved, much more might be accomplished. The importance of the x-ray examination with barium, even in the very young, cannot be over-estimated.

Treatment of Biliary Infections.—The gall-bladder is frequently overlooked in our search for focal infections, particularly if the clinical symptoms are not especially referable to this portion of the anatomy. A careful physical examination may demonstrate some slight tenderness, rigidity or dullness in the upper right abdominal quadrant, and the x-ray may show a shadow in this region, but some of the most badly infected gall-bladders I have seen gave no local symptoms.

Biliary stasis is now known to be closely connected with such common conditions as biliousness, liver lethargy, hepatic torpor, migraine or biliary vomiting. The early diagnosis and treatment of biliary stasis is most important because stasis with its concentrated bile, and precipita-

tion of its crystalline chemical ingredients, plus catarrh, plus infection, means gall-stones. We are now able, thanks to Dr. B. B. Vincent Lyon of Philadelphia, to successfully diagnose and treat diseases of the gall-bladder and biliary ducts by a new method.

Dr. Lyon's technique is based on the observation of Dr. S. J. Meltzer of the Rockefeller Institute in 1917, that when he douched the duodenum of dogs with a solution of magnesium sulphate he could accomplish a local relaxation of the intestinal wall. Acting on this discovery of Meltzer, Lyon began a series of experimental clinical observations on human beings by means of the duodenal tube and solution of epsom salts. He has evolved a technique for diagnosis and treatment of biliary complaints by which the biliary apparatus can be drained of its contents. By this method it is possible to segregate and study bile obtained from the duodenum, from the bile ducts, from the gall-bladder and from the liver. By cytologic, cultural and chemical studies of these various portions of segregated bile he is able to make certain inferential diagnostic deductions in cases of choledochitis, cholecystitis, cholelithiasis, and cholangitis.

Cultures from the recovered bile have shown *B. Pyoceaneus*, *Streptococcus*, *B. Coli*, *B. Typhosus*, pneumococcus, micrococcus tetragenous and staphylococcus aureus. Vaccine therapy is, of course, strongly indicated in these conditions and inoculations should be given in a series of gradually increasing doses, twice weekly, using an autogenous product.

The gall-bladder drainage may be repeated at intervals of five days or longer. The practical value of the technique for biliary drainage as elaborated by Dr. Lyon cannot be overestimated. It enables one to definitely fix on the gall-bladder or bile ducts as a focus of infection in many obscure cases where trouble in this region has previously never been suspected.

In all of my cases the gall-bladder had previously been overlooked. There had been no history of jaundice, or of biliary colic, except in two instances. Most of them had teeth extracted. Half of them had their tonsils removed; several had been treated for gastric or duodenal ulcer. Appendicectomy had been done on a few. None had been helped. Dr.

Lyon's method affords a rational, direct and effective method of treatment. Many of these patients are poor surgical risks; others refuse operation; all prefer medical treatment to operation. Even in cholelithiasis the treatment may prove beneficial, as stones of small calibre have been aspirated away.

The Over Acting Sphincter Ani.—

There is another condition one should not forget in the diagnosis of intestinal conditions. This is the over-acting sphincter-ani. It occurs often in children and not infrequently in adults. The presence of faecal matter in the rectum seems to produce a spastic state of the sphincter-ani muscle, so that it shuts down, peristalsis is checked and a complete emptying of the rectum never takes place. An inhibitory message goes to the stomach, and the emptying time of the stomach is delayed. Gastric symptoms and various neuroses result.

The condition is not difficult to recognize. The tightly contracted sphincter resists in a characteristic way the examining finger. This, with the constant presence of faeces in the rectum along with a history of obstinate constipation makes diagnosis easy in adults. In children, the movements may not be constipated. They may even be loose. But the child never has an evacuation without the stimulus of an enema, a suppository or the soap stick. The treatment in children is repeated dilatations, first with one finger and later with two, or by the graduated dilating cones. In adults the anus is dilated under an anaesthetic and the external sphincter-ani is incised in the median line posteriorly. This operation gives brilliant results in the relief of the reflex stomach symptoms, and many cases of intractable constipation are cured.

Genito-Urinary Infections—A pelvic examination in women and a rectal examination in men should never be omitted. A fibroid or malignant tumor of the uterus, or an infected cervix or adnexa may exist for a long period in women without producing local symptoms sufficient to cause the patient to mention them to the physician unless closely questioned.

The Sturmdorf enucleation operation gives brilliant results as a curative measure for the infected cervix,—a focus of infection hitherto frequently overlooked. In men, a rectal examination will disclose tumors or infections of the prostate or

seminal vesicles, the early detection of which saves valuable time and may redound very much to the credit of the man making the discovery, if, as often happens, the patient has been the rounds of other physicians' offices.

In certain cases, a cystoscopic examination, with catheterization of the ureters, and phenol-sulphone-phthalein determination done on each kidney output may help to clear up an obscure diagnosis. Such an examination requires skill, but nearly every community now has one or more surgeons who have the experience and equipment necessary for such examinations.

Metabolic Diseases.—Under the head of metabolic diseases we include disturbances of the body chemistry and glandular system, resulting in such diseases as diabetes, various forms of kidney diseases, hypertension and arterio-sclerosis, cirrhosis of the liver, obesity, thyrotoxicosis, disorders of the adrenals, hypophysis and other internal secretory organs.

In the treatment of metabolic diseases, rest of the affected organs is the first and most essential requirement. This necessary rest may be bodily or functional. Thus in the case of the heart, bodily rest is necessary to relieve the physical strain upon that organ. On the other hand, in nephritis, functional rest is prescribed by limiting the intake of the foods in the ultimate disposal or excretion of which the kidneys specifically participate, such as proteids (nitrogen) salts and water. In diabetes, besides restricting the use of carbohydrates in the diet, we limit the intake of all other foods which furnish calories to the body. At the start of treatment in adults, the calories are reduced often to 500 per diem or less, even down to complete fasting in severe cases. When the urine and blood are normal, increases in diet are allowed.

Temporary elevations of the sugar percentage in the blood may follow, but with proper care the patient's tolerance will rise after each successive addition to the diet, his physical strength will increase, and if he is faithful and willing to co-operate with the physician intelligently, and with strict fidelity, he should continue to improve with resultant increased comfort and working power.

All this may seem extremely rudimentary, but I am emphasizing it because

it is surprising how very many practicing physicians fail to realize or appreciate these fundamental principles. It is equally astonishing when we consider the large number of diabetics and nephritics, going about unrecognized because their physicians have not taken the trouble to make careful urinary analyses. Many of this latter class are discovered only in the course of an examination for life insurance.

In the study of metabolic conditions, the laboratory plays a most important role. Blood chemistry is indispensable. Tests for blood sugar, sodium chloride, blood urea and uric acid, the titratable alkalinity of the blood, the carbon-dioxide percentage of the blood and the alveolar air; the test for the determination of the tolerance to sodium bicarbonate, etc., are all necessary in certain cases.

Few hospitals or sanatoria are equipped to properly care for metabolic disorders, particularly diabetes, because of the special medical knowledge required, the painstaking dietary regime necessary and the laboratory tests which must be made at frequent intervals and which require a high degree of technical skill. Diseases such as diabetes, kidney disorders, high blood pressure and obesity need for intelligent and successful handling, a sanatorium or hospital where proper present-day methods can be applied if the lives of the victims are to be lengthened and their earning power wholly or partially restored. The appreciation of the above facts led Dr. Frederick M. Allen, after many years of study and investigation to found the Physiatrie Institute for Diabetics and Metabolic Disorders. This institution is located at Morristown, New Jersey, its site being the beautiful former estate of Otto H. Kahn. The purposes of the Institution are scientific and philanthropic and treatment is offered to suitable patients in all degrees of financial circumstances. One of the most important purposes of this institution is scientific research. A suitable staff and necessary equipment under Dr. Allen's direction enables the Institute to promise definite therapeutic advances. The physicians of New Jersey should be among the first in the land to show their appreciation of Dr. Allen's work by lending him their earnest support.

Endocrinology. — There are certain classical chronic conditions due to hyper-

trophy or disease of the endocrine glands. In this list may be mentioned Acromegaly, Graves' Disease, Addison's Disease, Fröhlich's Syndrome, Status Lymphaticus, Myxedema, and Cretinism. Such conditions are readily recognized. There are also neurasthenic states which seem to be undoubtedly chemical diseases due to autointoxication from internal glandular starvation or excess.

For some of these conditions gland therapy holds out hope of benefit. It seems to be the fashion just now, however, with many physicians to diagnose all obscure ailments as due to polyglandular insufficiency or disturbances of the endocrine system. There are enthusiasts who make the most fantastic claims for success from gland therapy. This fad is further indulged and made easy by several of the commercial houses who are putting on the market various gland extracts and gland combinations in convenient tablet form, and supplying extravagant literature urging their use for almost every conceivable ailment. It has always been thus in medicine; the pendulum never swings half way, but goes from one extreme to the other.

No doctor should undertake to prescribe endocrine products unless he understands the physiology of the glands of internal secretion. With such knowledge he will appreciate the fact that any acute or chronic illness, or infection will necessarily disturb the normal physiological functioning of the internal glandular system. To restore the endocrine balance, the disease or infection causing the disturbance must first be eliminated before a cure can be hoped for. Any other viewpoint is like putting the cart before the horse. Most conditions of endocrine dysfunction following acute infections will recover spontaneously if nature is given time enough.

There are disturbances, of course, where gland therapy is indicated, as in hypothyroidism, with a tendency to obesity. In such conditions thyroid gland administration is sometimes helpful. In certain cases of emotional instability in children, as shown by Schlapp, pituitary gland treatment combined with bromide is undoubtedly beneficial. Also, after any infectious disease, notably after diphtheria, adrenalin is a valuable adjunct to other treatment. But aside from the definite primary diseases and disorders of the adrenals, hypophysis, thyroid or

other of the internal secretory organs, gland therapy in tablet form, must not be regarded as a panacea. The hope of curing such conditions as anaemia, epilepsy, dysmenorrhoea, paralysis agitans, prostatic hypertrophy, or arthritis deformans by administering "tablet nucleolecithin compound," or "capsules iodized thyroid compound," or "tablet mixed glands No. 3," seems to the writer very much like the "shot-gun" type of prescription writing which was popular a few decades ago, but now,—Deo Gratias,—is pretty generally discarded.

Acidosis.—Acidosis is a metabolic disturbance, characterized by an impoverishment of the body in alkaline substances—a condition of hypoalkalinity. It may occur in the course of diabetes, nephritis and food intoxications in children, or as a complication of certain infectious diseases such as epidemic influenza.

The diagnosis is often carelessly made, especially in pediatric practice; thus presence of acetone and diacetic acid in the urine of children during more or less prolonged vomiting attacks may be due to starvation and not to true acidosis. The diagnosis of acidosis cannot be made except in cases of dyscrinism where abnormal mineral depletion or neutralization of the alkali reserve can be proven.

The determination of the tolerance to bicarbonate of soda is a practical diagnostic test of acidosis, as it is now definitely demonstrated that this tolerance is increased only in acidosis. Five grams of sodium bicarbonate by mouth in a normal individual is almost invariably sufficient to change the reaction of the urine from acid to alkaline. Ten to fifty grams tolerance represents a moderate deficiency in blood and tissue alkalinity. Seventy-five to one hundred grams required tolerance represents a severe acidosis.

Yeast Therapy.—Quite recently brewers' yeast has been widely advertised as a valuable therapeutic agent in the treatment of furunculosis, carbuncles, chronic constipation, facial acne and a long list of other derangements. The usual extravagant claims are made for it. Its use has been strongly advocated in the treatment of undernourished children. These claims are based on the assertion that yeast furnishes vitamins and the amino-acids in concentrated form. Kerley of New York and Mendell of New

Haven demonstrated that yeast is not in any way helpful in the treatment of ill-nourished children, and most physicians who, like the writer, have given it a trial in other conditions have yet to be convinced that it has any value.

Protein Dermal Tests.—Of the various modern aids to diagnosis the protein dermal tests are, I think, the least satisfactory and the most disappointing. Attempts to learn what is one man's food and another's poison, are being conducted in numerous hospitals and clinics by experiments in protein sensitization. Patients are inoculated with protein from foods and other substances and subsequent cutaneous reactions or absence of reactions indicate whether these proteins are hostile or friendly. The research has been applied especially to the study of the causes of bronchial asthma and hay fever, but it is being extended to other diseases, such as eczema, urticaria, various toxic disturbances, indigestion and children's ailments.

In applying the test, the physician makes a tiny scratch on the skin, usually on the arm, applies a drop of a weak solution of sodium hydrate, and in this places the protein of whatever substance he suspects as the cause of the patient's discomfort. If the protein is one to which the patient is abnormally sensitive, a marked reaction occurs within half an hour after the test is applied at the site of the inoculation. If the patient is a baker, flour dust may be under suspicion, and proteins from that would be tested. In case of a hostler, proteins from horse hairs would be tried out first. Pollen from ragweed, timothy and other plants which are recognized sources of sneezing distress to many persons, come within the scope of the investigation of hay fever victims.

I watched a series of these tests at the Babies' Hospital in Boston last fall. A child, five years of age, was under investigation for a skin lesion. A large number of dermal tests were made and the only substance producing a reaction was Brazil nut. Yet so far as could be ascertained, this child had never seen a Brazil nut.

This whole subject is far from an exact science and is still surrounded with considerable doubt and uncertainty. With greater and more exact knowledge, better results may be hoped for in the future.

Conclusions.

Sometimes we are asked the question whether with all our new agencies for the diagnosis and treatment of human ailments, human life has been greatly lengthened. Does modern medical science produce practical results? Does health work really pay? Our answer is emphatically in the affirmative.

According to a reliable life insurance compilation, 1920 was a record health year. Among wage-earners in an insured group of 16,000,000 policy holders from which the figures have been compiled, the death rate was 9 per cent. less than the death rate of 1919 and 23 per cent. lower than the mortality record of 1911. Marked decline in the mortality from tuberculosis, influenza and pneumonia, and accidents, was chiefly responsible for the improvements noted in the total mortality. It is commented that a reduction of two-fifths in the death rate of tuberculosis in a period of nine years means a very considerable addition to the life-span of the working population of the United States and Canada. No other record of life-saving is quite so striking as this accomplishment of the past decade.

According to vital statistics the average life time in the United States in 1906 was 22.7 years and has risen gradually to 38 years in 1910. When the economic and living conditions among the poor and the industrial groups of the population have been sufficiently developed, much greater progress will be possible. This has been demonstrated at Framingham, Mass., where the campaign of education and nursing conducted by the Community Health Centre, has produced a marked decline in disease incidence.

With greater knowledge in preventing and controlling the various epidemics, infections, and accidents, and with a better understanding of the causes and treatment of metabolic disorders, we may look forward cheerfully to a new era of increased health and efficiency. Preventive measures must begin in childhood. Physicians must learn the principles of child hygiene, particularly as applied to the teeth, and gastro-intestinal tract. Preventive medicine and surgery have already accomplished much, but will accomplish infinitely more in the very near future. To be really effective preventive medicine and surgery must go hand in

hand. There must be effective co-ordination between the internist and the specialist. The dentist and oral surgeon must keep abreast of modern progress, and there should be a close understanding between them and the medical man.

Clinical Reports.

Rare Form of Anemia.—Dr. Knoll of Leipzig, reports the case of a boy of 9 with the inguinal glands showing dark blue through the skin, and large spindle-shaped cells in the blood as also macroblasts with nucleoles. The blood findings are shown in a colored plate.

Diphtheria of Penis.—In Dr. G. Coelman's case reported in the *British Jour. of Children's Diseases*, the penis seems primarily and alone to have been affected, and post-diphtheritic paralysis of a severe type developed, as though from an acute faucial attack. The source of infection could not be traced.

Sudden Death from Cereous Degeneration of the Adrenals.—Cneyx and Ragot report two cases of sudden death which proved on section to have been due to tuberculous degeneration of the adrenals. Research before death as to the presence of hypoadrenia had proved to be negative. Both patients had died suddenly without any prodromes, while in less sudden deaths attributable to the same cause we find collapse, the simulation of acute irritant poisoning, or "dry cholera," and the picture described by Sergeant.—*La Presse Medicale*.

Bone Transplantation.—Dr. Faltin in a foreign medical journal, reports the following case: The fibula of a boy of 13 was resected for osteochondroma, and the gap of 8.5 cm. closed with an insert taken from the tibia of the other leg. Roentgen-ray examination six years later shows complete substitution of the transplant with solid new bone tissue. In thirty other cases of bone transplantation (war wounds) the primary results grew constantly better with wider experience. Even when there is suppuration, all hope need not be given up of the success of the transplantation.

Congenital Syphilis in the Second Generation.—Dr. Brusgaard, in *Norsk, Magazin*, reports a grandmother is being treated for a gummatous tertiary periostitis, the mother for periostitis of both tibias, and the boy of 8 has fan-shaped deep scars extending from the corners of the mouth, with a 2 plus Wassermann reaction. The mother during the pregnancy had tertiary ulcerations and keratitis. This is the fifth thoroughly studied case of congenital syphilis in the second generation at the Christiania Hospital.

Meningitis from the Influenza Bacillus.—Drs. Christiansen and Kristensen of Copenhagen, describe three cases of meningitis in infants of 6 and 10 months and a child of 2, with necropsy in the younger children. The influenza bacillus was cultivated from the three cases in pure cultures. They think that men-

ingitis due to Pfeiffer's bacillus is probably more common than generally recognized but escapes detection. Systematic lumbar puncture is the main reliance in treatment. In the case with recovery, a total of 560 c.c. of spinal fluid had been withdrawn in the course of the month.

Acute Intussusception in Children. MacAuley analyzes twenty-three consecutive cases, twenty of the patients being under 1 year. Four patients died, a mortality of 17.3 per cent. Excluding one gangrenous case, the mortality was 14 per cent. Three children died of shock within twenty-four hours after operation, and one child died of bronchopneumonia. In one of the shock cases there had been anesthetic collapse during the operation, requiring prolonged artificial respiration; another was practically moribund (gangrenous case) at time of operation. Type of intussusception; enterocolic, twenty cases (ileocecal and ileo-ileocecal); colic, one case; enteric, one case; unknown, one case.

Adams-Stokes Disease with One Heart Beat per Minute.—When the young man with heart block was first seen, the pulse was only 8, and by the next day there were intervals of fifty and fifty-eight seconds between the beats. The response to the Wassermann test was dubious, but the tuberculin reaction was positive. There was no fever and no history or signs of syphilis. Necropsy the third day revealed two gummas in the auriculoventricular septum; they had destroyed the bundle of His. The heart weighed 430 gm. Aside from the epileptiform seizures the complaints had been mainly of intense pain in the stomach. Odriozola gives a colored plate of the findings, and says that he knows of no other case on record in which the bradycardia was so extreme that there was only one heart beat in the minute.

Infections of Mouth and Throat.—Dr. C. M. Cabb reports this case:

E. C., aged 26, had suffered from repeated attacks of infection of the mouth which always extended to the throat. These attacks were followed by mild rheumatic symptoms. Painting the gums with iodine or gualacol would control the attack within a few days and the rheumatism was relieved by the salicylates. These attacks occurred not once but many times. There was no evidence of a focus of infection about the teeth and the case seemed a hysteria which would be cleared up only by the removal of all of a set of perfectly good teeth. Finally it occurred to me that the tooth brush might be the offender. This, by the way, was used religiously several times a day. Therefore, I advised that the tooth brush be sterilized by soaking it in alcohol both before and after using. The brush, still wet with alcohol, was used to clean the teeth. This proved to be a solution of the mystery.

Unusual Foreign Body in the Bladder.—Dr. David P. McCune Jr., McKeesport, Pa., writes: On April 14, 1921, Mr. C. R., while on a lark with some friends, became intoxicated and was put to bed in that condition. On awakening he found the urethra plugged with what proved to be chewing gum. Part of this he

extracted with a tooth pick. The next day he had chills and fever, which continued at intervals until I saw him. He was then suffering from fever, frequency and tenesmus, and the urine was loaded with pus. The patient stated that his friends had told him of inserting the gum, and that he imagined some of it was still in his bladder. Cystoscopy confirmed this. Lying loosely on the floor of the bladder were two rounded putty-like bodies, each 3.5 cm. long by 5 cm. in diameter, and both U shaped. A marked cystitis was present. Both bodies were easily grasped and removed with a lithotrite without anesthesia. The cystitis cleared up in a few days.

Foreign Body in the Esophagus.

Dr. S. D. Greenfield, Brooklyn, in the N. Y. Med. Jour., June 1st, gives this case:

M. M., female, aged five, was referred to us by Dr. L. Rachlin with the following history: Seven days previously the child had swallowed a button. For thirty-six hours after the child vomited all solid food, but was able to retain fluids. Gradually this condition was overcome, and at the time of our examination she was able to partake of all foods, but she experienced pain upon swallowing. Otherwise the child was perfectly comfortable; played as usual, and slept soundly at night. The child had been seen by several physicians for the pain experienced on deglutition, and they had all attributed this as due to injury of the throat by the button at the time of its passage downward. The child had been purged rather vigorously and the stools were carefully examined, but the button had not been recovered. Examination of the throat revealed nothing abnormal. The child's temperature at this time was 100° F. The history in this case was very suggestive, and we advised sending the child to the hospital to have roentgenological examinations made. The child was admitted to the Williamsburgh Hospital, and the x-ray pictures disclosed the presence of a foreign body at about the level of the second rib.

We succeeded in obtaining a button similar to the one the child had swallowed, and from its shape and contour it appeared as though we would have some difficulty in getting a firm hold upon it. Under ether anesthesia, a child's size Jackson esophageal speculum was introduced and the button was easily brought to view, it being located about an inch below the cricopharyngeal constriction. It appeared on edge and with a pair of Mosher alligator forceps it was firmly grasped, but unfortunately it slipped out of the forceps. A firmer hold was taken and extraction accomplished, at the same time withdrawing the esophageal speculum. The postesophageal wall was slightly ulcerated, and an application of twenty-five per cent. argyrol was made at this time. This was repeated upon subsequent examinations, and the ulceration was seen to heal rapidly. The child made an uneventful recovery. This case presents a number of interesting features: the unusual size of the foreign body, the button being a little more than seven-eighth inch in diameter and five-eighths inch in thickness; the length of time that the button was lodged in the esophagus; a foreign body of such size in a child, one would be led to expect more marked symptoms than were manifested.

THE JOURNAL

OF THE

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SEPTEMBER, 1921

PUBLICATION COMMITTEE:
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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.
Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

NOTE.—The transaction of business will be expedited, and prompt attention secured if,—
All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to THE EDITOR.
All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL are sent direct to THE CHAIRMAN OF THE PUBLICATION COMMITTEE.

ELECTION OF PERMANENT DELEGATES.

Nineteen hundred and twenty-one is one of the years in which each component society is entitled to select nominees to fill its quota of Permanent Delegates. The basis of representation is established each year according to the number of members, who have paid their assessments and are otherwise in good standing at least one month before the annual meeting of the State Society.

According to this basis the following component societies are entitled to select nominees for Permanent Delegates at their annual meetings in 1921 as given herewith:

- Atlantic, 2; Bergen, 2; Camden, 3; Cumberland, 1; Essex, 18; Hudson, 10; Mercer, 4; Middlesex, 3; Monmouth, 2; Passaic, 3; Salem, 1; Union, 5.

As most of the component societies hold their annual meetings in October and others later in the season, it is important that the county society secretaries make note of the above and be ready to inform their societies of the number of Permanent Delegates they are entitled to select. It is also quite important to remember that the dues of the State Society have been increased to EIGHT dollars and these should be paid at each annual meeting for the next year.

It will then not be forgotten until delinquency occurs. All dues ought to be paid before the first of January, 1922, in advance, otherwise a member's name may be omitted from the printed list and he will lose most of the advantages of membership.

William J. Chandler, Secretary.

The Editor would emphasize the importance of the Secretary's announcement and call attention to the annual dues of EIGHT DOLLARS for the coming year. It is a largely increased amount, but it is needed just now, probably not more than half that amount will be needed hereafter. And yet we have been making inquiries as to the county society dues and find several are \$5, \$7 or \$10 per year, and one is \$15. Our State Society dues have always been exceptionally low, far below the average of State societies and they ought to be at least \$5.00, which would ordinarily be sufficient to meet the Society expenses. Let us by all means have no loss of a single member because of this one year's increase of dues. The profession's standing and efficiency must be maintained and its membership should reach 3,000 at least of the more than 3,500 physicians in New Jersey.

We insert in this month's Journal Secretary Chandler's report of the Transactions of our State Society's annual meeting. The space required compels us to defer insertion of other matter we had prepared, including two scientific papers and an editorial on the attendance at and work of our county medical societies. We will only say now that every member of the county societies should plan to attend if possible the annual meeting of his society this year.

We urge the members of our society who are serving on the various Professional Guilds to do their utmost in seeking the defeat, if renominated, of every member of our last Legislature who favored bills that endangered the lives and health of the citizens of our State.

The Editor greatly enjoyed his visit last month to the annual dinner of the Cumberland County Medical Society, at Fortescue, by way of Millville, and the sixteen mile auto ride from there to Fortescue and back with Dr. and Mrs. H. Garrett Miller. It was an added pleasure

to meet some of the Cumberland doctors who serve our country so faithfully and successfully during the World War.

We note with sadness the death of two of our aged, ablest and most highly esteemed members during the past month—Dr. Alexander Marcy, Sr., of Riverton, and Dr. Henry A. Henriques, of Morristown; the former after long service in Camden, retired from practice some years ago; the latter in active practice since 1883 to the time of his death, which came suddenly from heart disease.

HOSPITALS AND PHYSICIANS FOR RURAL COMMUNITIES.

In a recent editorial comment it was shown that whatever shortage of physicians may exist in rural communities is due to the general trend of population, including physicians, to the cities and not to a dearth of physicians generally. The physician prefers to live in the city, not only because of the better living conditions for himself and family, but also, and mainly, because of the lack of hospital facilities in rural communities. As shown last week the extensive advances in medical education in recent years make it necessary that the physician have access to a hospital with its well equipped laboratories, where he can give his patients the benefit of the later and better methods of diagnosis and treatment. The public, it must be kept in mind, also is coming more and more to appreciate the value of hospitals with their accessories; people living in rural communities who need medical care are now voluntarily going where there are hospital facilities, or are being sent by the family physician. In considering the whole subject, it is well to know what are the conditions as regards hospital facilities in various parts of the country. The statistics we publish this week show that over one-half the counties in the United States are without hospitals, and a careful survey of these counties will show that it is in them that the shortage of physicians is found. The recent graduate in medicine who has from observation and practice learned the value of a hospital and its laboratory is not attracted to communities where these advantages are lacking. When hospitals with laboratories, or health centers with hospitals and laboratories, are established in these rural communities, there will no longer be the cry that such communi-

ties lack trained physicians.—A. M. A. Jour., April 16, 1921.

Another editorial states that there are 6,152 hospitals, sanatoriums and related institutions in the United States; it refers to the lack of hospitals in localities as follows: For example, an investigation of the supply in Delaware shows that the seven hospitals in that state are all located in the extreme north end—a part where the public has also the easiest access by rail to the hospitals of Baltimore and Philadelphia—while four-fifths of the state have no hospitals.

The lesson to be learned from these figures is that in the establishing of hospitals hereafter, communities should be selected which are not already abundantly or over abundantly supplied. These statistics will be of service in showing which communities are in greatest need of hospitals.

A PHYSICIAN IN NEED IS NEEDED INDEED.

No you don't believe in medicine. You are skeptical about physicians. You have always been in good health and have never been in need of the services of a medical man. You are therefore apt to look at the medical profession with somewhat of contempt. "A useless profession that lives off the ignorance and the mistakes of mankind."

But you are travelling abroad, you, your wife and your little child, your only little boy, three years old. You stop at a little mountain inn, miles and miles away from any town. Suddenly, in the night, your darling baby gets desperately ill; at least it seems to you that he is desperately ill. He is burning up with fever; he does not recognize you or his mother; he groans and talks in his delirium. You are getting frantic. You do not know what to do. In the conceit of your good health, you never paid attention to the hygiene of childhood or to books treating with what to do in an emergency. Soon the child begins to have convulsions. You lose your head. You think you will go crazy. The wife is as helpless as you are, though she tries to remain cool. You go and wake the landlord, risking his displeasure, and in your broken German you ask him if a physician can be got; though you are not rich, you say you will spare no expense. The landlord is sympathetic, but he tells

you that it is entirely out of the question. There is no train to the city, and no horses can be gotten until morning. You are in despair, the deepest despair you have ever been, or hope ever to be, in your life. With tears in your eyes and agony in your soul you drag yourself back to your room.

A guest at the same inn, awakened by the conversation between you and the landlord, gets up, dresses, knocks at the door of your room, and asks what is the matter. He tells you that he is a physician. He is not a children's specialist, but knows perfectly well what to do in such cases. He takes the child's temperature, feels his pulse, and gets busy. He has no medicines at hand, but by mechanical means he quickly induces vomiting. He then undresses the child, wraps him in a sheet wrung out of cold water, and applies cold compresses to the head. In less than an hour, the child's pulse and temperature are practically normal; he looks at his parents with a smile of recognition and then falls in a sound slumber. In the morning he is practically well—just a little weak. The doctor who, of course, refuses any honorarium for his services, advises to keep the child quiet, and on a mild diet for a day or two—and everything will be all right. And so it proves. And you consider that doctor your greatest benefactor, and your opinion of physicians has undergone a change, and you no longer sneer at medicine, and you promise yourself as soon as you return home, to read up, if not on the care of the adult body, at least on the care of little children. And as long as you live you will not forget the service rendered you by that good physician whom you consider, and always will consider, a real Godsend.—Exchange.

Miscellaneous Items

N. J. Medical Examining Board.—The next meeting of this board will be held at the State House, Trenton, on October the 18th.

Rehabilitation Clinic at Trenton.—The commissioner of labor has authorized the establishment of a rehabilitation clinic at Trenton, for the physically handicapped in industry. The labor department will establish an employment service for men and women, in connection with the bureau.

Fined for Issuing Liquor Prescriptions.—Drs. L. V. Graves and C. E. Cowles, Fullerton, Cal., were found guilty of illegally issuing liq-

our prescriptions and each was fined \$300 and given a jail sentence of ninety days, the jail sentence however was suspended.

Twins Total Twenty-eight Ounces.—Local doctors believe that Billie and Jack Adams of Bogalusa, La., are the smallest living babies. At birth Billie weighed eleven ounces and Jack seventeen. The midgets appear to be in perfect health. Six brothers and sisters are of normal size.

Immunization Against Diphtheria.—Dr. Opitz reports that he was able with dilutions of pure diphtheria toxin, injected intradermally, to induce active immunization against diphtheria as effectually as with Behring's toxin-antitoxin vaccine. The detailed findings were tabulated.

Immunity to Measles in the First Six Months of Life.—Weill and Bocca relate an episode in which thirty-three infants were simultaneously exposed to measles and but twenty-two infected. The eleven immunes were all under the age of six months, while the victims were all above that age.—*La Presse Medicale*.

The Peking Union Medical College, situated in the capital of the Chinese Republic, had its beginning in an earlier institution, the Union Medical College, founded in 1906 by the joint efforts of six British and American missionary societies. The property of the earlier school was transferred in 1916 to the China Medical Board of the Rockefeller Foundation, which has purchased additional land and erected, in an interesting adaptation of classic Chinese architecture, a series of hospital and laboratory buildings. The institution comprises not only the medical school, but also a 250-bed hospital with outpatient clinics, a nurse training school, and a premedical school—an institution of junior college grade with a distinct faculty and group of laboratory and classroom buildings. The new buildings will be dedicated during the 15th to 22d of this month—September.

The Passing of Alcohol.—Dr. A. H. Tufts, Sioux Falls, S. D., says: Is it not just possible that some of the physicians who are so fearful that they are to be deprived of their personal liberties by the Volstead Act and its amendments are too much like the Irishman who never permitted a glass of liquor to pass his lips, it always went between? Are they not speaking one word for their patients and two for themselves? The writer, who does not know the taste of any kind of alcoholic and who after thirty-eight years of active practice finds it no hardship not to be permitted to prescribe them, should perhaps plead guilty of belonging to the other extreme, who believe that the sooner alcoholics are abolished as a beverage or even as a medicine, the better. Where one has been helped by it as a medicine, if ever, thousands have been harmed by it as a beverage, and thousands more of innocents have suffered untold hardships and sorrows because of it. Here in South Dakota, a state with sixty-six counties, some of them as big as some of the New England States, fifty-three of the counties have not a single physician with a license to prescribe alcoholics.

Prohibition Forever.

Nebraska State Med. Jour.

Members of the association should take pains to make it plain to the people of their respective communities that the Allied Medical Association of America is not the American Medical Association, but a disgruntled heterogeneity of nondescripts, and that the propaganda against prohibition fostered by the former organization is not the propaganda of the American Medical Association nor of the medical profession.

Whatever we, as individuals, may think of the wisdom of prohibition, one thing is certain: Prohibition is a part of the organic law of the land and will so remain. Whatever need there may be for malt and alcoholic liquors as medicine—and that need can not be great or imperative—can be met by existing laws. Let no one deceive himself; prohibition is here to stay, and the next generation will accept it as a fact.

Moonshining and bootlegging are flourishing occupations at present in spite of the law, but the element of time will end most of this. Horse stealing flourished in spite of the law before the automobile age and has been succeeded by auto theft. Shall we advocate repeal of the law against auto stealing?

"If You Have Tears Prepare to Shed Them Now."

Chiropractic Ad, in Waverly (Iowa-Democrat, Blackfoot (Idaho) Republican, et al.

We chiropractors work with the subtle substance of the soul. We release the poisoned impulse, the tiny rivulet of force, that emanates from the mind and flows over the nerves to the cells and stirs them into life. We deal with the magic power that transforms common food into living, loving, thinking clay; that robes the earth with beauty, and hues and scents the flowers with the glory of the air.

In the dim, dark, distant long ago, when the sun first bowed to the morning star, this power spoke and there was life; it quickened the slime of the sea and the dust of the earth and drove the cell to union with its fellows in countless living forms. Through aeons of time it finned the fish and winged the bird and fanged the beast. Endlessly it worked, envolving its forms until it produced the crowning glory of them all. With tireless energy it blows the bubble of each individual life and then silently, relentlessly dissolves the form, and absorbs the spirit into itself again.

And yet you ask, "Can Chiropractic cure appendicitis or the 'flu?'"

Have you more faith in a knife or a spoonful of medicine than in the power that animates the living world?

—James G. Greggerson, D. C.

Letter Received by a Chicago Colleague.

Dear Doctor.—I have used you four different times as a consultant. All of our patients have died most beautifully. I now desire to become a patient of yours and if we have as good luck in my case as we have had in the other cases you will never hear a word of complaint from me. Yours truly,

W. A. W.—.

For Deaths, Personal Notes and Public Health Items, see pages 307 and 308.

Hospitals; Sanatoria.

Bridgeton Hospital.—The report for July showed: Number patients admitted, 54; operated on, 34; died, 6; discharged, 48; remaining July 31st, 20.

Hackensack Hospital.

Report for the month of July: Admitted, 228; operations: major, 51, minor, 73; deaths, 16; births, 37; dispensary cases, 222; x-rays, 165; patients discharged, 226.

Monmouth Hospital.—Four members of the board of governors were ill last month; two are suffering from paralysis and the other two have undergone surgical operations, one for appendicitis.

Salem County Memorial Hospital.

Report for the month of July: Admissions, 68; accident cases, 18; operations: major, 19, minor, 36; deaths, 2; births, 4; discharged, 74.

Bequests to Paterson Institution.—Edward T. Bell, late president of the First National Bank, in his will made the following bequests: To the Paterson Eye and Ear Infirmary, St. Joseph's Hospital and the Memorial Ady Nursery, \$1,000 each; to the Paterson General Hospital an additional endowment to the "Bell Memorial."

Bonnie Burn Sanatorium.

Dr. John E. Runnells, Superintendent, reports for July as follows: On July 1st there were 271 patients in the Sanatorium, 151 males and 120 females. This number includes 43 males and 41 females in the Preventorium. During the month 31 patients have been admitted, 14 males and 17 females. Twelve of these admissions went to the Preventorium, among these admissions there were six re-admissions. The admissions are classified as follows: Pre-tubercular, 13; incipient, 1; moderately advanced, 2; far advanced, 15.

Essex Mountain Sanatorium.

According to experts of the National Anti-Tuberculosis Association the county will have one of the finest institutions of its kind when the new buildings and equipment at the Essex Mountain Sanatorium are put into use this fall. The additions comprise \$1,500 000 worth of additional buildings and equipment. The hospital building which the county took over from this city several years ago has a capacity of eighty patients. It was built twenty-one years ago. With the new buildings put into use the county will be able to care for 250 or 300 patients, and the old four-story structure will be used as an administration building and headquarters for medical research, as well as quarters for some of the personnel.

Organization of Hospital Social Service.—It is desirable that the fundamental principles of function, policy, and organization of social service in hospitals and dispensaries should receive the official endorsement of national bodies concerned with these fields of service. Uniform, consistent, and unretarded development will thus be promoted, and hospitals entering into social service activities will find available guidance.—Hospital Social Service.

OFFICIAL TRANSACTIONS OF THE 155th ANNUAL MEETING OF The Medical Society of New Jersey

Held at Atlantic City, N. J., June 14th to 16th, 1921

FIRST SESSION.

Tuesday Morning, June 14, 1921.

MEETING OF THE HOUSE OF DELEGATES.

The meeting was called to order by the President, Dr. Philander A. Harris of Paterson, at 10 A. M.

Dr. Harry A. Stout of Wenonah, Chairman of the Committee on Credentials, reported that a sufficient number of delegates had registered to permit of opening the meeting.

Dr. William J. Chandler of South Orange, Recording Secretary of the Society, reported that the minutes of the 1920 meeting had already been printed in the Journal for September, 1920, and he moved that the minutes as there printed be approved as the minutes of the Society for that year. The motion was seconded and carried.

The report on Permanent Delegates was then read by Dr. Chandler:

Report on Permanent Delegates.

To the Medical Society of New Jersey.
Gentlemen:

We have on our list of Permanent Delegates 142 names. No deaths have been reported during the year.

The following names of candidates for election as Permanent Delegates have been presented, their credentials are in proper form, and they can be presented for election in the next order of business:

Harry A. Stout, M.D., Wenonah, from the Component Society of Gloucester, to fill quota; Edward B. Rogers, Collingswood, from Component Society of Camden, vice Wm. S. Jones, deceased; A. Ward Van Riper, Passaic, from the Component Society of Passaic, to fill the vacancy occasioned by the resignation of Dr. P. A. Harris; Leonidas L. Mial, to fill vacancy created by the death of Britton D. Evans.

Several societies have sent in nominees under the impression that they could fill their quota at their annual meetings in 1920.

1921 is the year designated in the constitution for the county societies to select nominees and all component societies can at their annual meetings in 1921 select nominees to fill their quotas.

According to the reports made last month the following societies are entitled to fill their quotas at their annual meetings in 1921:

Atlantic County is entitled to elect 4 Permanent Delegates; Bergen, 1; Camden, 2; Cumberland, 3; Essex, 19; Hudson, 6; Mercer, 5; Middlesex, 3; Monmouth, 2; Morris, 1; Passaic, 3; Somerset, 1; Union, 4.

Some of the counties will have vacancies to

be filled in the regular manner as will appear from report of vacancies created by resignations, removals and dropping from the roll.

If Atlantic County Society should change the time of its annual meeting from January to some month in the autumn or early winter, it would be entitled to select four candidates, but at the time of its meeting last January its paid-up membership did not entitle it to any additions to its quota.

We have the resignations of Dr. Edward L. Bull from Hudson County Society, and that of William Flitcroft of Passaic County. These will be presented in the regular course of business.

The following Permanent Delegates having been absent from two or more successive annual meetings without excuse acceptable to the councilors are in consequence dropped from the roll: Charles Calhoun, J. Morgan Dix, E. G. Wherry, John J. Baumann, George N. Best, William H. James and John F. Smith.

The vacancies created by resignations and dropping from the roll will be reported to the respective county societies and these societies can at their next annual meetings select nominees to be presented for election at the next annual meeting of the Medical Society of New Jersey.

Respectfully submitted,

William J. Chandler,
Recording Secretary.

The next order of business was the election of Permanent Delegates and the names of the following candidates were presented:

Dr. Harry A. Stout, to fill quota; Dr. E. B. Rogers of Collingswood, from the Camden County Society, in place of Dr. W. S. Jones, deceased; Dr. A. Ward Van Riper of Passaic, to fill a vacancy caused by the resignation of Dr. P. A. Harris; Dr. Leonidas L. Mial of Morristown, to fill a vacancy occasioned by the death of Dr. Britton D. Evans.

It was moved and seconded that the Secretary be instructed to cast a ballot for the election of these gentlemen. Carried. The Secretary announced that he had cast an affirmative vote for these candidates and they were declared elected.

The Report of the Committee on Arrangements was made by its Chairman, Dr. Elisha C. Chew of Atlantic City, who stated that the committee had secured the Hotel Chelsea for the meeting, and that the number of concessions that had been obtained were in excess of the usual amount, and the exhibits of more than the customary value in number and character. The report was, on motion, accepted.

The Report of the Committee on Program was presented by the Recording Secretary, Dr. Chandler, as follows:

The program, which you hold in your hands, embodies the report of the committee and, with the exception of a few very palpable typographical errors, is submitted for your guidance in the order of the proceedings of this annual meeting.

The report was duly accepted.

The Report of the Committee on Scientific Work was read by its Chairman, Dr. Charles J. Kane of Paterson. On motion, the report was approved.

The Report of the Committee on Publication was read by Dr. Charles D. Bennett of Newark, its Chairman, and was as follows:

REPORT OF THE COMMITTEE ON PUBLICATION.

June 1, 1921.

In presenting its Annual Report, the committee finds it essential to again refer to the hard conditions of the last year. Business interests everywhere have found it necessary to "watch their step" and our advertisers have responded to this slogan by curtailing freely their business with this Journal, making it advisable for us to cut down our advertising pages. We have also had to endure another advance in printing charges. Also there has been, by your orders, an increase of the salaries paid your Journal officials.

Offsetting these features our increased advertising rates are now in full effect, although the benefit does not largely appear in the 1920 accounts, as many of the increases only became effective January 1, 1921.

While therefore our gross expenses have increased, so also has our income, resulting in our being able to close our books, showing a net profit of \$43.45, and this, after all, seems to be a very favorable showing.

The outlook for 1921 is somewhat stormy. The advertising business may not be dead but it is certainly sleeping, and it will probably be advisable to effect some economies in the conduct of your Journal. We have, in two issues, tried the experiment of cutting down the size of the Journal by omitting six pages from the literary portion, which resulted in a substantial saving; and as this apparently provoked no adverse criticism, it may be able to confine this reduced size in subsequent issues.

Your Board may rest assured that every effort will be made to publish the Journal economically, avoiding at the same time, any impairment of its attractiveness.

Respectfully submitted,
Charles D. Bennett, Chairman.

Business Statement.

For year ending with December 31st, 1920.

Accounts	Gains	Losses
Journal	\$ 15.67	
Advertising	3,920.64	
Extra Subscription Account	64.00	
Subscription Account	2,050.00	
Printing and Mailing		\$3,835.55
Reprint Account		50.25

Stationery & Supplies	6.50	
Editorial Salary & Expenses	1,450.00	
Chairman Salary & Expenses	250.00	
Expense Account	104.64	
Cuts & Plates	7.00	
Commissions	276.24	
Discounts	80.43	
Loss & Gain Account Dividends	153.78	
Net Gain		43.48
	\$6,204.09	\$6,204.09

Comparative Statement.

	1919	1920
Advertising Receipts	\$3,354.05	\$3,920.64
Subscription (Regular) ...	1,750.00	2,050.00
Subscription (Extra)	63.55	65.00
Sales of Journal	10.00	15.67
Dividends Received	56.42	153.78

Printing & Mailing—

Journal	\$2,834.72	
Official List	148.40	2,983.12
Journal	\$3,615.81	
Official List	219.74	3,835.55
Cuts and plates	9.54	7.00
Editorial Salary	1,400.00	1,450.00
Chairman Salary		250.00
Reprints	26.65	50.25
Commissions	415.62	376.24
Discounts	79.04	80.43
Stationery & Supplies....	5.00	6.50
Miscellaneous Expenses ...	103.15	104.64

Showing Actual Cost to the Society of the Journal.

Received from Dr. Mercer, Treas.....\$5,680.00
Paid to Dr. Mercer, Treas..... 3,585.82
This amount—\$2,094.18—is about \$1.00 per member.

On motion, the Report of the Committee on Publication was approved.

The Corresponding Secretary, Dr. Harry A Stout of Wenonah, stated that he had nothing in particular to report.

The Report of the Recording Secretary was presented by Dr. Chandler.

Report of the Recording Secretary.

To the Medical Society of New Jersey.
Gentlemen:

Last year we reviewed somewhat at length the history of our Society from its inception and saw what growth had been made in its numbers and influence. This year we are rejoiced to state that our growth still continues and that from a little society of fifteen members in 1776 we have grown to a society of over 2,000 members. This is the first time when we have gone beyond the 2,000 mark. We have now on our rolls 2,042 members in good standing.

We should not congratulate ourselves with mere numbers, but we should consider what influence we have exerted on our profession and on the community for our mutual benefit.

Two thousand members and every member has a vote. That has an influence in our legislative halls as was shown last winter at Trenton. It is regrettable that this should be a measure of our power, but with the average

politician this is the only power he respects, and we must use it because in that way only can we obtain the enactment of measures for the benefit of the people. When we can educate the people so that they will appreciate the unselfish principles which actuate us we shall be taken in counsel with them and such measures as we recommend will be adopted in all matters relating to public health. This may be a long look ahead, but we must always have that in view and use these really unworthy methods until the legislators will appreciate how unselfish the medical profession really is. Then they will come to us to learn what is for the best good of the people and will act in accordance with our advice.

It is necessary to remind all of our members that the annual dues are for the calendar year,—that is from January 1st to December 31st. Every member is expected to pay his dues in advance on or before the first of January. We have paid our dues for the present year up to December 31st. On January 1st, 1922, any member who has not then paid his dues is a delinquent and not in good standing. His name is taken off of the mailing list of the Journal, he is not eligible to the benefits of medical defence, nor is he accepted by the A. M. A. It would be extremely unfortunate for some member to put off paying his dues for a month and then later, perhaps a year or two years thereafter, be sued for malpractice for some act which occurred during that one month. For the Society could not defend him as his dues were paid until after the month of January had passed. His paying his dues on February 1st would not cover his defence for any act occurring during January, though it would cover him during all the rest of the year.

The moral of this is to pay your dues in advance on or before January 1st of each and every year. It may surprise you to know that one component society, which normally has a membership of over one hundred, had a paid up membership of less than fifty on January first of this year. I am glad to state that most of their delinquent members have now paid up, but should they be sued for any act of alleged malpractice during the period of their delinquency, they would have to defend themselves, as the State Society could not defend them, even though now they are in good standing.

This is one advantage of holding the annual meetings in the autumn or before the end of the calendar year. It is the habit for members to pay their dues at the annual meeting. Most of the societies hold their annual meetings in October and many of the members pay their dues for the next year at that time. The total amount of the annual dues is so small that almost every physician can pay them as well at one time as another. Then he would be sure to be protected. It is a very cheap insurance. No regular insurance company would charge him less than twenty-five dollars and oftentimes the protection is not as complete as when the State Society defends him. For our Society will defend him to the very highest courts and all these shysters know this fact and hesitate to tackle any such long litigation, especially when it is almost invariably against them.

We said very much these same things to you

last year and I hope that you will forgive me for reminding you of them again. But it is the crying sin of medical men that they neglect paying dues "till a more convenient season." It is often that I have heard a man say "I don't know whether I have paid my dues or nor for this year."

The dues of our Society are quite small and it is quite proper that we should pay them promptly beforehand. I want you all to take these thoughts home with you, and see if we cannot have all the members of all the component societies meet in the last few months of the year and pay their dues then, for the coming year. We shall then have no delinquents.

I cannot close this report without one farther word. It is not the special province of the secretary to act as necrologist for the Society, and while we have had but few deaths during the year, we have lost one man whom we shall greatly miss. He was but little known twenty-five years ago outside of his immediate vicinity and when he was nominated for third vice-president many inquired who he was. But Luther M. Halsey soon made himself known and his influence felt in the councils of the Society. He was a natural politician—a politician of the better sort. As chairman of the Legislative Committee he worked hard for the interests of the medical profession. He was a warm-hearted man and much beloved in his practice. He was a very regular attendant on our meetings—almost never having missed one. His is a pleasant memory and one which we shall long cherish.

Respectfully submitted,

William J. Chandler, Secretary.

On motion, the report was approved.

The Report of the Board of Trustees was read by the Secretary of the Board, Dr. David C. English of New Brunswick.

Report of the Board of Trustees.

The Board of Trustees held the following meetings since the annual meeting of the Society in June of last year:

On Sept. 14, 1920, at the residence of the secretary of the Board, in New Brunswick, when the Board authorized an appropriation of \$1,000 for the work of the Welfare Committee of the Society.

On Dec. 14, 1920, the Board met in the Trenton House, Trenton, N. J. Seven trustees were present, also Mr. Wall, the Society's counselor, by invitation. A communication was received from the Essex County Medical Society, through Drs. Pinneo and Martland, in reference to a suit against Dr. Tansy of Newark for libel and the cost of said suit. After considerable discussion the matter was referred back to the Essex County Society with the statement that while the Board is in sympathy with Dr. Tansy, we have as a Board or Society no jurisdiction in the matter as it was not a malpractice suit under our medical defense system. After an outline report of Dr. Eagleton from the Society's Welfare Committee, it was, on motion, unanimously resolved that \$500 additional be appropriated toward the committee's expenses.

March 15, 1921, the Board of Trustees met in the rooms of the Academy of Medicine of Northern New Jersey, Newark. After discus-

sion as to the time and place of the annual meeting of the Society, it was unanimously resolved that the meeting be held in the Hotel Chelsea, Atlantic City, June 14-16, 1921. The details of the preparatory arrangements were referred to the President of the Society and the Secretary of the Board of Trustees. On motion it was resolved that the afternoon session of Wednesday, June 15, after the report and action on the same of the Nominating Committee, the House of Delegates' meeting, be devoted to the work of the Welfare Committee, hearing the report of that committee and action by the Society thereon. Dr. Eagleton stated that his address as Third Vice-President would have a bearing on that work and that it should be presented that afternoon. President Harris brought up for consideration the bill presented by the Society's counselor, Mr. Wall, amounting to \$859.27 for the costs of Drs. Beling's and Hicks' defense and stated that the Society's By-Laws allowed only \$500 for such defense or \$250 for each. He read a letter from Dr. Hicks. After discussion, the following motion made by Dr. Eagleton was adopted: That this letter of Dr. Hicks be forwarded to Dr. Beling with the statement that in view of the facts—that Dr. Beling is the councilor of the district in which the bill was contracted, and as this Board of Trustees cannot under the by-laws of the Society pay more than \$500 for the defense of the two members; that Dr. Beling take up the matter with Dr. Hicks and adjust the payment of the balance between them and counselor Wall.

Dr. Eagleton gave an outline report of the work of the Welfare Committee which showed the expenditure of \$2,659.83, giving the various items. He stated that sum did not include one cent expended by the members of the committee for their personal expenses. After discussion it was unanimously voted to appropriate \$1,500 additional if needed for the committee's work to the \$2,000 that had previously been authorized.

The Board met again last evening in the Hotel Chelsea, Atlantic City, Chairman Sproul presiding with 15 members present. Dr. O. H. Sproul was elected chairman of the Board and D. C. English was elected Secretary for the ensuing year. Dr. Harris reported that the bill of Counselor Wall for his services in the defense of Drs. Beling and Hicks had been paid, \$500 by the State Society and the balance was otherwise provided for.

A committee consisting of Drs. Costill, Johnson and Marcy was appointed to consider the question of medical defense, especially in reference to the amount the Society would pay toward the defense of individual members.

Treasurer Mercer gave a report of the Society's finances for the year 1920, showing receipt of \$11,251.67, and the disbursement of \$10,646.38; balance \$605.29. He also reported for the year 1921 to June 1, showing the necessity of having borrowed \$800 and that \$1,600 would probably be needed to meet the expenses to Jan. 1, 1922. Drs. Fisher and Hollingshead were appointed a committee to audit the Treasurer's account.

On motion the President and Treasurer were authorized to sell one or more Liberty Bonds to meet the expenses of the present fiscal year.

On motion it was resolved to recommend to

the Society that the annual dues for the coming year 1922 be \$5.00 per member.

Chairman Bennett of the Publication Committee read his report, showing that the Journal of the Society closed the year 1920 with a balance on hand of \$43.48. The thanks of the Board were extended to the committee and Dr. Bennett was recommended to the Society for re-election.

On motion Dr. D. C. English was re-elected Editor of the Journal for the coming year at the same salary as last year's.

Dr. Eagleton presented a brief report of the work of the Welfare Committee, which was accepted and the thanks of the Board were extended to the committee for its earnest and successful work. The committee appointed to audit the Treasurer's accounts reported that they had done so and found them correct in every particular.

Respectfully submitted,

D. C. English, Secretary.

The report was on motion, accepted and approved, and its recommendations, including the raising of the dues to five dollars, were adopted.

The Report of the Judicial Council was read by Dr. John C. McCoy of Paterson, chairman.

REPORT OF THE JUDICIAL COUNCIL.

Following is the report of each district of the State:

First District: Dr. C. C. Beling, Judicial Council

During the past year the component societies of the First District have held regular meetings, and maintained a high degree of scientific work. During this year these societies have manifested a great interest in legislative matters, and have co-operated with the Welfare Committee in maintaining the high standards of the profession. One alleged malpractice suit was successfully defended by the State Society. Several members of the Society were sued for alleged malpractice, but these suits were not taken up by the State Society because these members were insured in some regular insurance company, and they, therefore, did not care to sign the contract of the State Society. The experience in these cases in Essex County shows that it is of the greatest importance that some plan of co-operation should be established between the State Society and some reputable insurance company for the best interest of its members. This matter will be taken up in the General Report of the Judicial Council and referred to the House of Delegates for consideration.

Second District: Dr. J. C. McCoy, Chairman.

Meetings have been held regularly, have been well attended, and in Hudson, Bergen and Passaic Counties, each meeting has been a scientific session of interest to the profession. In addition to the regular scientific meetings, several special meetings were called during the legislative session, these meetings were well attended, and there was a full discussion, with the legislators, of the matters upon which the State Welfare Committee were then engaged. There was a hearty spirit of co-operation on the part of Hudson, Bergen and Pas-

saic Counties, whenever these component societies were called upon to assist the State Welfare Committee. One case of suit for damages was successfully defended by our counsel in this district. Two physicians who were sued refused to sign the application form of the State Society, preferring to have these cases in the hands of the insurance companies, owing to the limitations of the Defense Act of the State Society, and the fact that there is no provision for indemnity in the act.

Third District: Dr. Hawkes.

The Third District has had a very peaceful and prosperous year. Meetings have been held regularly and the average attendance has been good. According to the reports a substantial gain in membership has been secured during the past fiscal year, but we must keep on until every suitable eligible medical man is on the roll of his county society. There has been no complaint against the members of this district and peace and harmony seem to prevail.

Fourth District: Dr. Wm. H. Iszard.

The county societies in the Fourth District have had regular and well-attended meetings for the past year, and a good increase in membership. Prominent speakers have given encouragement and enthusiasm to the membership in this noble and honorable work. Camden County Medical Society has taken in 28 new members during the past year, and have lost two by death, viz.: Wm. H. Jones and Wm. S. Long, both members of the State Society. During my late illness I understand that charges have been brought against one of the members in this district, and will be defended by our State's attorney for the Medical Society.

Fifth District: Dr. Walt P. Conaway.

It was my pleasure to attend some of the meetings of each county society in my district with the exception of Salem. I received a cordial invitation to attend the last meeting of this society but was unable to accept. I am glad to report these meetings were all very interesting, and also very well attended. The papers showed that considerable thought and time had been spent in their preparation, and the discussions were various and favorably received. Only one case of threatened suit has been brought before the Council from this district, and this case is from Atlantic County, and the action thereon is now pending.

The Judicial Council wish to express their appreciation of the services rendered during the past year by the counsel of the State Society, Mr. Albert C. Wall. In none of the cases defended, has the plaintiff been able to obtain and hold a verdict. This is a favorable showing, when one remembers, particularly in cases of alleged negligence, how easy it is to find for the plaintiff a small sum when the defendant appears to be innocent, and a large sum when it is otherwise. Since there appears to be a notion that bodily ills and accidents should be compensated for by somebody. The good results the Society has obtained in fighting the malpractice suits, is due largely, to the fact that its efforts are exerted from a professional and not from a commercial viewpoint, so that, those who make a specialty of bringing such suits realize that the profession of the State

will not compromise an unjustifiable attack upon a doctor. The Judicial Council feel as the result of our experience in defending cases during the past two years that the Medical Defense Act of the State Society is becoming somewhat unpopular with the profession of the State. We are forced to this conclusion from the fact that, an increasing number of physicians who are being sued prefer to allow their case to rest with a reputable insurance company rather than sign the application form of our Medical Defense Act. This application provides that in consideration of the defense, the applicant agrees not to compromise or adjust the claim without the consent of the Medical Society or its attorney, and the applicant further renounces his own power and places in the Medical Society full power to defend the action and look after his interests. Inasmuch as, there is no indemnity assured under our Medical Society Defense Act, and the Medical Society agrees to spend in an individual case not more than the sum of Two Hundred and Fifty Dollars, it is obvious that an individual who is being sued, and who is at the same time insured with an insurance company, which agrees to defend his case without limit as to legal services, and indemnify the plaintiff in case damages are awarded, would hesitate to place his case in the hands of the State Society, in which there is a limitation for legal services, and no indemnity for damages. We have had one case in the State during the past year of a suit against two physicians, in which the legal services amounted to about Eight Hundred Dollars. The amount we were allowed to expend under our by-laws for this case was Five Hundred Dollars, so that, the individuals involved were compelled to meet the difference of Three Hundred Dollars, as the Trustees refused to pay this additional amount. This situation should be carefully considered. Our Society does not under the Defense Act, as has been said, undertake to pay any verdict, which may be recovered, and it is quite natural that physicians will desire to protect themselves through insurance against such verdicts. There would seem to be no reason why the Medical Society should not co-operate with some reputable insurance company, whereby we can combine our facilities for performing this task with an increase in efficiency and a possible reduction in insurance rates, for each individual member. To this end we would suggest the following: (A) That the members of the New Jersey State Medical Society agree to assist a reputable life insurance company, so far, as may be proper and possible, to handle each case covered by that company's policy, and provide services of all necessary expert witnesses without charge for such services, excepting a reasonable sum to cover traveling and maintenance expenses when the witnesses are required to attend court outside of their own county.

(B) That the members of the State Committee will assist the representatives of the insurance company, so far as possible and proper, to secure the exact facts in every case in connection with the investigation of same, and to the end that the effect of all personal jealousy and similar influences be eliminated in such cases.

(C) That the members of the Medical Society at their annual and county meetings will

conduct an educational campaign for the purpose of instructing the members of the Society practicing in the community, regarding the dangers of malpractice suits and claims, and the proper method of protecting themselves against such occurrences through a better co-operation in the treatment of certain cases, and the preserving of proper records, particularly in those cases involving unforeseen and unfortunate results, and more especially in those cases in which the patient refuses to obey the instructions or orders of the attending physician or surgeon. The Judicial Council has been impressed with the fact that in many of the cases we are called to defend, there has been a decided dearth of information and very vague records of the case, and we have often felt in certain cases, that the best interests of the physician would have been conserved, had he recognized fully the importance of the case, and endeavored to obtain counsel and backing from a brother practitioner. These suggestions are submitted for your consideration, simply to bring up the matter of a more complete Medical Defense Act for the members of the State Society.

It is probable that if we could agree upon a co-operative measure of this sort, it would not be difficult to obtain a consolidation of the machinery operated by our State Society, and a reputable insurance company, and thus render to our members a more efficient Defense Act. If an insurance company guarantees the insured against a possible verdict, and such company can have the moral support of the State Society in defending its case, it seems that such a combination would make an ideal insurance.

The Judicial Council as originally established had for its purpose not only the Medical Defense Act, but the general professional welfare of the State Society. With the entrance of the State Welfare Committee, a large amount of this work has been delegated to it. We have also the Hospital Standardization Committee which is closely allied in its interests with the Welfare Committee and the Judicial Council. These committees have been selected from time to time, as certain conditions seemed to demand their services, so that, at the present time there would appear to be some overlapping as to their duties; would it not be well to eliminate some of our committees, and concentrate these duties which are more or less of a similar nature and co-related, to a single committee, which committee could have sub-committees responsible for certain definite lines of work, all to report back to the parent committee, so that, all matters appertaining to the professional, political and social welfare of the members would be co-ordinated under one committee. Such committee, it would seem, should be the State Welfare Committee.

The following members have been excused for 1920-1921:

Dr. Wallace Pyle for 1920.
 Dr. J. B. Harrison for 1920.
 Dr. D. Edgar Roberts for 1920-1921.
 Dr. Guion for 1920.
 Dr. Newcomb for 1920.
 Dr. W. S. Washington for 1920.
 Dr. J. E. Pratt for 1919-1920.
 Dr. Proctor for 1919-1920.
 Dr. Wm. Flitercroft for 1919-1921.

Dr. Mortimer Lampson, Jersey City, 1921.
 Dr. Frederick S. Hallet, Hackensack, 1921.
 Dr. W. B. Graves, East Orange, 1921.

Respectfully submitted,

John C. McCoy, Chairman.

Dr. McCoy said that in going over various cases that had come up during the last two years, the Council had been impressed with two facts: the lack of reports of physicians who were being sued, and the fact that many physicians, when sued, preferred to let their cases rest with the insurance company instead of applying to the State Society for medical defense.

Dr. Chandler made a motion that the Report of the Judicial Council be accepted. The motion was seconded.

Dr. Johnson suggested that the report be received, and that it be discussed afterwards.

The motion to receive the report was seconded and carried.

Dr. Chandler stated that at the meeting of the Board of Trustees on the preceding evening, a committee had been appointed to consider the question of the Medical Defense Act and make recommendations. He moved that the recommendation made by *Dr. McCoy* be referred to that committee, and that *Dr. McCoy* be added to the committee, so that it might consider these various features and present a recommendation to the society in a proper form. The motion was seconded.

Dr. Henry B. Costill of Trenton, the First Vice-President, said that there had undoubtedly been considerable dissatisfaction with the conditions that they had been acting under. Therefore, the Board of Trustees had appointed a committee, of which he was the Chairman. He requested that the matter be thoroughly discussed, and said that it would be of great assistance to the committee in forming its opinion, to get some idea of the consensus of opinion among the members of the Society.

Dr. McCoy asked how many of the members present were insured in a casualty company. He said that he had made the statement at a meeting of the Judicial Council that probably fifty per cent. of the members of the Society were insured in a casualty company. He said that the rates were going to be raised next year to considerably more than double the present insurance rate. *Dr. McCoy* felt that the Society should make some move in regard to the matter of the Medical Defense Act. The Council thought it might be possible to obtain group insurance through a reputable

insurance company, at about the rate of thirty-two dollars for the first three years, presuming that they would lend the insurance company the moral support of the State Society in the case of malpractice suits.

Dr. C. R. P. Fisher, of Bound Brook, said that he knew that the Fidelity Casualty Company had raised their rates two hundred per cent.—from fifteen dollars for a five thousand dollar policy up to forty-five dollars. The Aetna, however, had left their rate as before—fifteen dollars a year. He asked whether the thirty-two dollars would carry the insurance for three years, and *Dr. McCoy* replied that the rate would probably be sixty dollars by next year.

Dr. Walter B. Johnson, of Paterson, made a suggestion that, instead of co-ordinating with an insurance company, the Society insure its own members. He thought that if over fifty per cent. of the membership of the Society were insured in casualty companies, there was no reason why they should not transfer their allegiance to the Society in the matter of insurance. He thought the Society had become an insurance society as well as a defense society. He also believed that if an insurance company could afford, for thirty-two dollars a year, to give five thousand dollars indemnity for three years, the State Society could afford to do so for thirty dollars. With the backing of the Society in conducting the suit, they ought to be able to save money enough for the welfare work that they wanted to do.

Dr. Daniel B. Street, of Jersey City, thought that by giving particular thought to this feature of medical defense, they would be doing a great deal to make the Society stronger and increase its membership. He believed that every effort should be made to effect some arrangement that would give the members who were in need of defense the best possible legal advice. He knew that in one large insurance company, the company had not selected the type of counsel best fitted to defend malpractice suits. They were good lawyers, but not experienced in that sort of thing. He considered *Mr. Wall*, their State Society Counsel, a very capable man in that respect, on account of the experience that he had had in that type of cases. He said that every verdict obtained that was not a just one constituted a blot on the medical profession, and emphasized the necessity of effecting some plan whereby the Counsel

of the State Society might help in the defense of the individual members.

Dr. Elton S. Corson, of Bridgeton, thought that the efforts to establish a mutual insurance association by the State Society would not meet with success, and said that the Cumberland County Society had been endeavoring for a number of years to form such a mutual insurance society. He had solicited the members of his county medical society again and again to help in sustaining the Widows' and Orphans' Society, and, with very little success. The older men in the society were dying off, and the younger men did not care to boost that organization. He was satisfied, therefore, that the support of a mutual insurance society were included in the dues of the State Society, they would not make a success of it. He was in favor of their allying themselves with some good casualty company and still continuing the medical defense.

Dr. D. C. English asked whether, if they joined with an insurance company, and the company employed the lawyer, it would not shut out the Society from all voice as to who that lawyer should be. He liked the suggestion of *Dr. Johnson* and preferred that the Society should have entire charge of the matter.

Dr. W. Blair Stewart, of Atlantic City, stated that the Atlantic County Medical Society had been organized into a group, with which a certain number of the members of the Society had affiliated themselves for protection by one of the leading insurance companies of the country. They paid fifteen dollars a year for this group. If they were sued by anyone, they must first notify the company, and also the committee of the county medical society. They had agreed, when putting their signatures to the plan, that they would not compromise the case, except on the recommendation of the committee of the county society. The society had the privilege of recommending to the insurance company the lawyer who should be employed to defend the individual case. Up to this time, fortunately, no one in this group had been called on to avail himself of the defense of the insurance company. *Dr. Stewart* felt that the State Society should not go into the insurance business, but thought it would be wise to make some such group arrangement with one of the reputable insurance companies of the country. He believed that it could be done without increasing the dues of the local Society. While he did not think they could

get all the members of the State Society to go into the scheme, he thought that probably a large proportion of them would. He would make it a voluntary proposition on the part of the members, and believed that, with the backing of the State Society, they could get more than fifty per cent. to join it.

Dr. McCoy, in answer to the question of *Dr. English*, read an excerpt of a statement from one of the reputable insurance companies of the State.

Dr. Martin W. Reddan, of Trenton, President of the Mercer County Medical Society, paid a tribute to the report read by *Dr. McCoy*, saying that he considered it one of the best that had been before the Society that morning. He suggested the idea of placing on the program of synopsis of the reports to be submitted to the Society, so that the members might be prepared to act on them understandingly. In reference to the question of insurance, he was strongly in favor of a commercial organization, because it would have a perfect outfit and means of gathering information, this being its regular business. He did not think that the medical society was competent to select the lawyer, any more than the average layman was competent to select a medical consultant in the case of illness. It being the business object of these companies to successfully defend their patrons, they would, he thought, select the best man to attain that result. Otherwise they would lose their business.

Dr. Louis N. Blank, of Newark, thought that a committee of six should be appointed to investigate minutely every thing in relation to medical defense. He thought that very few present were qualified to express an opinion on this question.

Dr. English moved as an amendment to the original motion, that the Judicial Council be requested to co-operate with the Committee that the Board of Trustees had appointed to consider the matter. The amendment was seconded, and carried. The original motion as amended was then voted on and carried.

The Committee on Honorary Membership, through *Walter B. Johnson*, reported that no nominations for honorary membership had been referred to them. On motion the report was received.

The Report of the Treasurer was read by *Dr. Archibald Mercer* of Newark, and was as follows:

Report of the Treasurer.

1920	Dr.	
Atlantic County Assessment.....	\$	344.00
Bergen " "		182.00
Burlington " "		86.00
Camden " "		210.00
Cape May " "		38.00
Cumberland " "		72.00
Essex " "		1,076.25
Gloucester " "		60.00
Hudson " "		634.00
Hunterdon " "		134.00
Mercer " "		206.00
Middlesex " "		320.00
Monmouth " "		114.00
Morris " "		138.00
Ocean " "		48.00
Passaic " "		278.00
Salem " "		56.00
Somerset " "		182.00
Sussex " "		32.00
Union " "		238.00
Warren " "		60.00
Interest, Chicago & Alton Bond....		35.00
Interest, Liberty Bonds.....		155.00
Committee, Arrangements, Exhibitors		455.00
Committee, Publication, Journal....		3,585.82
Committee, Arrangements, Exhibitors		50.00
Loan, National Newark & Essex Banking Co.		800.00
Balance in Bank July 1, 1920.....	\$	1,619.22
Interest on Deposits		43.38
Chicago & Alton Bond, \$1,000, 3 1/2 % cost		786.50
Liberty Bonds		4,000.00
		<hr/> \$16,038.17
1920	Cr.	
Feb'y. Barton Business Serv.—Pr't'g..	\$	40.00
" R. H. Doremus		3.52
Apr. Dr. E. Z. Holt, Atlantic County Rebate, Overpayment		16.00
May W. U. Telephone Co., Jer. City.		42.28
" W. U. Telephone Co., Elizabeth		45.10
" W. U. Telephone Co., Summit..		8.80
" W. U. Telephone Co., Rahway..		4.92
" W. U. Telephone Co., Westfield.		7.28
June Dr. H. A. Stout, Cor. Sec.....		99.50
" Dr. G. N. J. Sommer, Sci. Com.		10.00
" Dr. Wm. J. Chandler, Program and Arrangements		18.35
" Dr. D. C. English, Secretary Board of Trustees		5.70
" Dr. W. G. Schauflier, Ent. Com.		25.00
" Dr. A. Mercer, Treasurer....		28.41
" Bastian Bros & Co., Badges...		103.45
" The Constitution Co., Printing		6.00
" Orange Publishing Co.		97.50
" Dr. A. MacAlister, Sci. Com.		8.00
" Dr. C. C. Beling, Councilor..		24.60
July Fidelity & Casualty Co., Treasurer's Bond		7.50
" Dr. Wm. G. Schauflier, Arrangement Committee		15.00
" The Monmouth, Guests.....		68.00
" The Addressograph Co.		1.09
" Orange Publishing Co.		96.50
" Lulu Gay, Stenographer		100.00
Sept. Agt. C. R. R. of N. J., T'grams		19.00
Oct. Dr. A. L. McAfee, Wel. Com..		10.00
" J. H. Gunn, Welfare Com....		2,169.13
" Dr. Wm. J. Chandler, Secy., Salary (14 months)		1,108.34

"	A. C. Wall, Medical Defense...	777.21
"	Dr. C. D. Bennett, Pub. Com...	5,680.00
		<hr/>
		\$10,646.38
Cash Balance in Bank, Jan. 1, 1921		605.29
		<hr/>
		\$11,251.67
Chicago & Alton Bond, 3½%.....		786.50
Liberty Bonds		4,000.00
		<hr/>
		\$16,038.17
Respectfully submitted,		
Archibald Mercer, Treasurer.		

Dr. Mercer called attention to the fact that five hundred dollars received from exhibitors last year was, by far, the largest amount that the Society had ever received from that source. On motion the report was received and approved.

Dr. Alexander Marcy, Jr., of Riverton, asked for the unanimous consent of the House of Delegates to introduce a matter of new business. Consent being given, he read a letter from the American Neurological Society, then meeting at another hotel in Atlantic City, conveying its best wishes for a successful meeting of the Medical Society of New Jersey. *Dr. Marcy* then moved that the Secretary be authorized to reply in an appropriate manner to the Neurological Society's communication. (A reply was sent soon thereafter).

Dr. Gordon K. Dickinson, of Jersey City, Chairman of the Committee of Public Hygiene and Sanitation, stated that for three years he had had to make the same report. The committee had had nothing to do. He suggested that it be discontinued.

Dr. Henry B. Costill, of Trenton, the First Vice-President, said that it was the committee's own fault, if they had nothing to do. He thought that this was the point of approach for the State Society to reach some of the other State organizations, such as the Board of Health. He believed that it was the duty of the Society to co-operate more directly with the work that the State Board of Health was doing, and thought that this committee constituted the contact point between the State Society and the State Board of Health. He hoped that the committee would not be discontinued, but would be instructed to keep more closely in touch with the State Board of Health, so that the society at large might know that the State was being efficiently served by a competent State Board of Health.

Dr. Thomas W. Harvey raised the point of order that the committee could not be discontinued by a resolution of the House of Delegates, as it was a standing committee and could be discontinued only by a change

in the by-laws. The point of order was sustained by the chair.

Dr. Johnson moved that the report be received. The motion was seconded and carried.

Report of the Committee on Public Health Education was postponed, owing to the fact that its Chairman, *Dr. Armin Fischer*, had not yet arrived.

Report of the Delegates to the American Medical Association and to State Societies was called for, but none of these delegates were present.

The President then called attention to the fact, that, immediately after the adjournment of the session, the delegates from the component medical societies would meet to select their members of the Nominating Committee.

Adjourned at 12 Noon.

SECOND SESSION.

Tuesday Afternoon, June 13th.

MEETING OF THE HOUSE OF DELEGATES.

The meeting was called to order by the President, *Dr. Harris*, at 2.40 P. M.

The invocation prayer was made by *Rev. Paul R. Hoppe* of Atlantic City, who asked the blessing of God upon the One Hundred and Fifty-Fifth Convention of the men of the State who were interested in the work of bettering human welfare and social uplift, and in the great work of helping to fight the ignorance that tended to destroy so much life that might be saved.

The President then introduced *Mr. Joseph A. McNamee*, who delivered the Address of Welcome, in which he expressed the regret of Mayor Bacer that pressing official duties had prevented his being present, and bade them a cordial welcome to the "Sunshine Town." He stated that the Mayor had barely escaped having "Dr." prefixed to his name, having gone to the university to study dentistry, but that he had given it up because he found that it interfered with athletics. *Mr. McNamee* said, however, that this experience of the Mayor's had borne fruit in the clinics that he had established in the City Hall, under the able direction of the Health Officer, *Dr. Salus*. The Mayor was likewise much interested in the Atlantic City Hospital, being a member of its Board of Governors.

Mr. McNamee referred to the great amount of good that the members of the New Jersey Medical Society had accomplished, not only in caring for the healing of the body, but also in directing the moral

forces which are so closely connected with a healthy mental development. He thanked God that it was the exception to find a doctor who was not conscientious, just as it was rare to find one that was mercenary in his profession. Atlantic City, he remarked, owed much to the doctors, who had early discovered that it had a wonderfully salubrious climate, and had sent their friends and patients there, in great numbers, resulting in great benefit and development to Atlantic City.

In the name of the Mayor, Mr. McNamee gave the Society the freedom of the city, and presented to them a key adorned with the city colors.

Dr. Harris asked Mr. McNamee to express to the Mayor, for the Society and himself, the great pleasure they had felt in hearing this Address of Welcome and the sentiments expressed therein.

Dr. Harris then stated that he had received a letter from Dr. Schauffler, one of the ex-Presidents of the Society, expressing his regret at being unable to attend the meeting, and sending his kindest regards to the Society.

Under Miscellaneous Business, the Secretary asked for authority to have more copies of the by-laws printed, and made a motion that the Secretary have authority given him to have more copies printed after having conferred with the committee appointed last evening by the Board of Trustees, so that any changes in the Medical Defense Act or any amendments to the constitution or by-laws could be incorporated in the new by-laws. The motion was seconded.

Dr. Chandler said that he would delay the publication of the by-laws until the committee had considered the matter and prepared their report.

The motion was carried.

Philip Marvel, Chairman of the committee of five appointed to represent New Jersey at the meeting of the National Committee on Health Education of the American Medical Association in Boston, made a report as follows:

Mr. President, Members and Guests:

On June 7th, just previous to the calling of the meeting of the National Committee representing the Council of Health and Public Instruction at Boston, I received a communication from President Harris requesting me to represent the State Medical Association at the meeting above noted. The meeting was called for two P. M. Tuesday, June 7th, and was fairly well attended. The hour and inadequate announcement in public places were presum-

ably the reason for a less large attendance than the subject merited.

Dr. John B. Dodson of Chicago presided and explained the purpose of the meeting. There was discussed in a general way the subject of co-operative health and education and suggestions were asked for looking to a concrete method of procedure whereby educational interests could be brought into a closer and more co-operative alliance with the Medical profession and the various colleges and schools, both public and private.

The chairman stated the Council on Public Health in 1911 at the meeting in Los Angeles of the A. M. A., stimulated by allied interests represented in the National Education Association, then in session in San Francisco, appointed a committee to co-operate with a committee appointed by the N. E. A. for similar purposes, with Dr. Wood of New York as chairman. After conferences of the committees, a program of procedure was arranged and adopted which comprised two great needs, i. e., a survey of the sanitary condition of the public schools, rural and urban, particularly of the buildings and grounds, and an observation of the health conditions of the pupils in all schools; i. e., disease and defects. As a result of the investigations, through the association of the Elizabeth McCormick Fund, a pamphlet illuminating the subject in question was prepared and has passed through three editions to date. These surveys brought to the committee's notice that in the rural districts there were from 1½ to 10% more physically defective children than in the cities; i. e., investigation of the hygiene of the buildings and grounds of the schools showed them to be in such condition (as indescribable as inexcusable in some sections) that it was little reason the results obtained were what they were.

These and subsequent conferences of the committees represented reporting to their respective national boards brought the activities of the same in a more or less close personal touch with more than 50,000 school children. Among the different personal benefits derived from the efforts of the council in co-operation with the N. E. A. may be enumerated. The circulation of pamphlets of personal hygiene, need of correct living, advantages of ventilation, outdoor life, healthful exercise, proper preparation of food, and other material subjects of allied interests, and at each meeting of the A. M. A. for the past 6 or 8 years, signs and health charts have been among the exhibits in the scientific program and on display; this year in particular were employed with great appreciation. Much more could be stated in reference to the number of children seen by the public health interests, and of the position taken with reference to contagious diseases through the Schick method of immunization in health inspection in the schools and the deep interest manifested by the enrolled teachers and nurses, many of whom are now assisting in the school personnel in many cities in different ways.

The above references are made in a summary way merely to refresh our minds with some of the notable things being done and visualized in a slight degree the hopes and possibilities comprehended for the future. How-

ever, too much time cannot be given to detail in this report.

Dr. Hertzy, commissioner of health of the State of Indiana, addressed the meeting and stated in most emphatic terms that Indiana itself had built in the past fifteen years \$20,000,000 worth of sanitary schools; that they had condemned most of the extremely insanitary schools in their State and through special interpretation of the law on the fundamental rights of the child who has two inalienable rights, i. e., to be born in health and to be reared and educated in a healthy environment, had compelled the State to provide approvable sanitary buildings, and where district opposition, through its commissioners and parents was strong, as commissioner of health, he had closed the schools and enforced the law. He further declared himself as firmly in the belief that there would be little use of elymosinary institutions in any State for any long period of time if health requirements should be made compulsory. "Indeed" he stated, "compulsory health is the salvation of the race and the world will futilly fail in its purpose and proper accomplishments if it does not finally eliminate all disease and deformity from society."

It was also stated by the commissioner of health of New York that beginning with the curriculum of the present year, New York will require sixty hours' instruction in the high schools in health subjects for all graduates, and in its State normal schools 120 hours as a requirement in qualifying as teachers, and further that all applicants to the State normal schools will be required to pass an examination in physio-hygienic development previous to admission. The idea presented and kept persistently before the committee was that everything possible should be done to eliminate in a practicable but humane way the moron and other defectives, such as impaired mental and physical development of the child, that propagation will eventually bring relief from all diseased environment, and influences intercepting or otherwise stressing in any way the full and normal physiological development of the child.

The Council of the A. M. A., as your secretary will inform you, a few months ago sent a request to the secretary of each State medical society, requesting the appointment by the President of a committee of five members to be composed of two internists, one pediatricist, one ophthalmologist and one public health officer, and preferably those interested in school hygiene and health sanitation. Already replies have been received from 45 States. When these committees have been completed and like committees constituted from the educational faculties of colleges, normal, high, public and private schools, a joint meeting will be arranged in each State or county when and where the teachers institutes meet, and methods and means will be discussed and reported to the national committee for approval. In a greater or less degree, each State will be asked to formulate a plan thought most adequate to meet the particular exigencies and special requirements found to be geographically located in the section or district of the State under discussion.

Respectfully submitted,

Philip Marvel, Chairman.

On motion the report was received. Carried.

The Secretary presented the following resignations of Permanent Delegates: Dr. William Flitcroft of Paterson, Passaic County, and Dr. Edward A. Bull of Hudson County, who has removed to New York State. Dr. Chandler moved that these resignations be accepted. The motion was seconded and carried.

Dr. Chandler then presented the names of the nominees for Permanent Delegates. From Cumberland County: Drs. Walter P. Glendon and W. Leslie Cornwall of Bridgeton, to fill the vacancies created by the deaths of Drs. S. T. Day and John F. Wade. Dr. Chandler moved that these gentlemen be elected as Permanent Delegates in the usual manner. The motion was seconded and carried, and the two candidates were declared elected.

Dr. Chandler then said that he had just received one other nomination for Permanent Delegate from Atlantic County: Dr. W. J. Carrington. His certificate was in proper form. At the last meeting of the Atlantic County Society, in January, 1921, their annual meeting, they nominated Dr. Carrington. This was regular, Atlantic being one of the few county societies holding their annual meetings in the early months of the year.

On motion the Secretary cast a ballot for Dr. Carrington's election as Permanent Delegate, and he was declared elected.

The Secretary then read the names of the Nominating Committee as follows:

Atlantic County—Edward Guion.

Bergen County—

Burlington County—Benj. I. Brick.

Camden County—Henry H. Davis.

Cape May County

Cumberland County—E. F. Corson.

Essex County—E. D. Newman.

Gloucester County—Harry A. Stout.

Hudson County—Lucius F. Donahue.

Hunterdon County—Geo. L. Romine.

Mercer County—Martin W. Reddan.

Middlesex County—Frank C. Henry.

Monmouth County—Harvey S. Brown.

Morris County—

Ocean County.

Passaic County—Andrew F. McBride.

Salem County—Richard M. A. Davis.

Somerset County—David F. Weeks.

Sussex County—

Salem County—R. M. A. Davis.

Union County—Jacob Reiner.

Warren County—Louis C. Osmun.

The House of Delegates then adjourned.

SCIENTIFIC SESSION.

Henry B. Costill, of Trenton, the First Vice-President, took the chair.

ORATION IN SURGERY.

LATE RESULTS OF GASTRO-ENTEROSTOMY
FOR CHRONIC ULCERS AND ACUTE PER-
FORATIVE ULCERS.

Eugene H. Pool, M.D., New York.

Dr. D. C. English moved that the thanks of the Society be given to *Dr. Pool* for his exceedingly interesting and instructive oration. The motion was seconded and carried.

ORATION IN MEDICINE.

A SURVEY OF MODERN MEDICINE; NEWER
METHODS IN DIAGNOSIS AND THERAPY.

Martin J. Synnott, M.D., Montclair.

Dr. Alexander MacAlister moved that a vote of thanks be given *Dr. Synnott* by the Society for his very excellent oration. The motion was seconded and carried.

CARCINOMA OF THE RECTUM.

*George N. J. Sommer, M.D.,
Trenton*

The discussion was opened by *Henry B. Costill* and continued by *Gordon K. Dickinson*.

THE NURSING PROBLEM IN NEW JERSEY.

*Gordon K. Dickinson, M.D.,
Jersey City*

The paper was discussed by *Alexander MacAlister*, *John C. McCoy* and *Gordon K. Dickinson*.

First Day, Tuesday, June 14th.

EVENING SESSION.

The meeting was called to order at 8.50 P. M. by First Vice-President *Costill*.

ADDRESS OF THE PRESIDENT.

A REVIEW OF THE HISTORY OF MEDICINE.

Philander A. Harris, M.D., Paterson.

THE ELECTROCARDIOGRAPH AND ITS CLINICAL
APPLICATION.

Harvey M. Ewing, M.D., Newark.

Discussion opened by *Harold E. B. Pardee, M.D., New York City.* (Lantern slides.)

This paper was also discussed by *Louis N. Blank, M.D., Newark.*

EXPERIENCE IN RECONSTRUCTIVE BONE AND
JOINT SURGERY.

Robert E. Soule, M.D., Newark.

Discussion opened by *John N. Bassin,*

M.D., Newark, and continued by *Drs. Harold D. Corbusier, Plainfield; Frank W. Pinneo, Newark; George H. Sexsmith, Bayonne; Carl E. Sutphin, Newark, and Robt. E. Soule.*

The session adjourned at 11.30 P. M.

FOURTH SESSION.

Wednesday Morning, June 15th, 1921.

MEETING OF THE HOUSE OF DELEGATES.

The meeting was called to order by the President, *Dr. Harris*, at 9.30 A. M.

Dr. E. C. Chew, of Atlantic City, Chairman of the Entertainment Committee, made a report of the entertainments that had been provided, with particular reference to those at the banquet in the evening.

On motion of *Dr. Dickinson*, a vote of thanks was given *Dr. Chew* and the committee in advance for the entertainment that was awaiting the Society.

Dr. Eagleton made a motion that the Report of the Welfare Committee be placed at 2.30 P. M., and that the meeting of the House of Delegates and the other reports follow this. The motion was seconded by *Dr. Johnson*.

Attention was called to the fact that the by-laws provide for a special order of business for the afternoon of the second day of the annual meeting, viz., the report of the Nominating Committee and the election of officers as the first order of business.

After some discussion, *Dr. Eagleton* withdrew his motion and substituted the following: That immediately after the report of the Nominating Committee and the election of officers and committees, the remainder of the afternoon session be given to the Welfare Committee's report and the discussion thereon. The motion was seconded and unanimously carried.

The House of Delegates then adjourned.

GENERAL SESSION.

Wednesday Morning, June 15th, 1921.

Ten o'clock.

ADDRESS OF THE THIRD VICE-PRESIDENT.

Wells P. Eagleton, M.D., Newark.

Dr. Chandler moved that a special vote of thanks be given *Dr. Eagleton* for this very able and interesting paper. The motion was seconded.

Dr. English moved to add to this that they, as a Society, heartily endorse *Dr. Eagleton's* advocacy of a medical man in the Cabinet of the President of the United States, and that that action be communi-

cated to the Senators and Congressmen from the State of New Jersey.

Dr. Chandler accepted this addition to his original motion and the motion, as amended, was carried by a rising vote.

Dr. Harris resigned the chair to First Vice-President *Dr. Costili*.

SURGICAL TREATMENT OF BURNS, WITH SPECIAL REFERENCE TO ACETIC ACID TREATMENT.

George M. Dorrance, M.D.,
Lowrain E. McCrae, M. D.,
Philadelphia, Pa.

The paper was discussed by Drs. Elton S. Corson, Bridgeton; Hyman I. Goldstein, Camden; Frank Devlin, Newark; W. J. Chandler, South Orange; J. N. Bassin, Newark; Geo. Blackburne, East Orange, and George M. Dorrance.

HAY FEVER AND ITS TREATMENT WITH GLYCERINATED POLLEN ANTIGEN.

Ralph A. Clock, M.D.,
Pearl River, N. Y.

The paper was discussed by Drs. Walter B. Johnson, Paterson; Chas. J. Craythorn, Trenton; Hyman I. Goldstein, Camden; Elton S. Corson, Bridgeton; John S. Yates, Paterson, and R. A. Clock.

MEETING OF THE HOUSE OF DELEGATES.

Wednesday Morning, June 15th, 1921.

The meeting was called to order by Dr. Dickinson, who stated that they were under the heading of Unfinished Business.

Dr. Sutphen made a motion that a committee of five be elected from the floor to revise the Constitution and By-Laws of the Medical Society of New Jersey. The motion was seconded and carried.

The following were nominated as members of this committee: Drs. Carl E. Sutphen, Christopher C. Beling, Alexander Marcy Jr., Walter B. Johnson and Frank B. Donohue.

It was moved and seconded that the nominations be closed and that the Secretary be instructed to cast the ballot for their election. He did so and they were declared elected.

A motion was made by Dr. Johnson that the motion already passed authorizing the Secretary to have the Constitution and By-Laws printed, be rescinded. The motion was seconded and carried. This was done to give the committee time to report before the new copies were printed.

Dr. Frank W. Pinneo offered the following resolution:

Whereas, The safety of patients, the advancement of surgery, and the improvement of medical education in hospitals demand the further specialization of anesthesia; and

Whereas, There is a concerted movement throughout the country (on which many of the State medical societies have already taken favorable action) toward securing a Section on Anesthesia in the American Medical Association; and

Noting with gratification and approval that in the Hall of Fame, New York, there has been inscribed the name of Dr. William T. G. Morton, the first physician so honored, and this because of his epochal demonstration, on October 16, 1846, of Surgical Anesthesia, of which Sir Osler says, "Surgical Anesthesia has been America's greatest contribution to Medicine and Surgery," and which only, with Asepsis, has made modern surgery possible. *Therefore be it*

Resolved, By the Medical Society of New Jersey, in this seventy-fifth year after that discovery, that, as Fellows of the American Medical Association, they do hereby petition the House of Delegates and the Council on Scientific Assembly, of the American Medical Association, to establish a Section on Anesthesia at the next convention; and, to this end, do hereby urge and instruct their delegates to the A. M. A. to use every effort to have this accomplished.

The resolution was seconded and carried.

Dr. Edwin J. Reissman, of Newark, presented the following resolution:

Resolved, That the Committee on Medical Defense, composed of the Judicial Council and the committee appointed by the Trustees, be empowered to formulate and put in operation an adequate medical insurance act.

The resolution, or motion, was seconded by Dr. Sutphen.

A good deal of discussion followed. In answer to a question by Dr. Rogers, Dr. Beling explained all about the reasons that had prompted the Society to consider the subject of medical insurance, and the ways in which the workings of the present Medical Defense Act had proved unsatisfactory. This matter had all been discussed at the meeting on the previous day.

The presiding officer decided that Dr. Reissman's motion was out of order, because a committee had been appointed or elected by the House of Delegates, in connection with the Judicial Council, to consider this matter and report back to the House of Delegates. He did not think that

they should empower a committee to adopt a plan and put it into action without referring it back.

Dr. Chandler said that while the House of Delegates could do it, that it would be extremely unwise for them to pass any such resolution.

Dr. English agreed with *Dr. Chandler*, and said it should not be left to a few men to decide such an important matter.

Dr. Dickinson, presiding, said that it was his understanding that the Board of Trustees had appointed a committee to revise the Medical Defense Act, directing the committee to report back to the House of Delegates. The House of Delegates had accepted that recommendation of the Board of Trustees. The House of Delegates then appointed a committee of three to revise the Medical Defense Act and report to the House of Delegates. The question, therefore, was, could the House of Delegates adopt another resolution empowering that joint committee of the Councilors and the committee of three from the House of Delegates to act without first rescinding the motion that they had already adopted.

Dr. Carl E. Sutphen, having voted "aye" on the question of adopting, at the session of the House of Delegates on the previous day, a resolution appointing a committee of three to revise the Medical Defense Act, moved that this action of the House of Delegates be reconsidered.

The motion was seconded and carried by a rising vote of 36 to 31.

The motion to empower the committee to act on the matter was then discussed. *Dr. Rogers* was opposed to giving the committee this power.

Dr. Johnson did not think it worth while to discuss the matter extensively at this time, as he thought it would take a year for the committee to find out whether the sixty per cent. of the members who were already insured in indemnity companies would transfer their insurance to the company selected. Any insurance company selected would want to know this.

Dr. McCoy rose to a point of order that the motion adopted had merely been to reconsider the motion adopted previously, appointing the committee. The point of order was sustained by the chair.

Dr. Johnson moved the previous question.

Dr. Sutphen said that the thought that the Judicial Council had not been considered in the action taken by the House of Delegates on the preceding day.

The chair did not sustain this point.

Dr. Johnson said that the Board of Trustees was the original committee, and that the Judicial Council had merely been added, making a joint committee.

The original motion being now before the House, *Dr. Sutphen* offered an amendment to that motion, as follows: That the Committee of Trustees and Councilors so appointed be appointed with power to act. Seconded.

They were about to vote on the amendment giving the committee power to act, when *Dr. Johnson* rose to a point of order, that the committee could not act; because, in order to enter into any requisite expenditure of money, it would be necessary for the Board of Trustees of the Society to consent.

The chair sustained *Dr. Johnson's* point of order.

The question on the original motion, putting the matter into the hands of the committee appointed on the preceding day, was then voted on and carried.

The motion as finally adopted was left just as on the preceding day, without the "power to act" clause.

Adjourned at 1 P. M.

FIFTH SESSION.

Wednesday Afternoon, June 15th.

MEETING OF THE HOUSE OF DELEGATES.

The meeting was called to order at 2.30 by the President, *Dr. Harris*.

The first business was the reading of the Report of the Nominating Committee. This was read by *Dr. English* and was as follows:

Report of the Nominating Committee.

The Nominating Committee met in the Hotel Chelsea June 14th, at 5.30 P. M. *Dr. A. F. McBride* was elected chairman and *Dr. D. C. English* was elected Secretary. The following persons were nominated for the various positions by unanimous vote:

President, *Dr. Henry B. Costill*, Trenton; First Vice-President, *Dr. James Hunter Jr.*, Westville; Second Vice-President, *Dr. Wells P. Eagleton*, Newark; Third Vice-President, *Dr. Alexander MacAlister*, Camden; Corresponding Secretary, *Dr. Harry A. Stout*, Wenonah; Recording Secretary, *Dr. William J. Chandler*, South Orange; Treasurer, *Dr. Archibald Mercer*, Newark.

Councilors—First District, *Dr. Christopher C. Beling*, Newark; Second District, *Dr. John C. McCoy*, Paterson; Third District, *Dr. Edward S. Hawke*, Trenton; Fourth District, *Dr. William H. Iszard*, Camden; Fifth District, *Dr. Walt P. Conaway*, Atlantic City.

Delegates to the American Medical Association—(Terms expire 1923), *Drs. Edward Guion*, Atlantic City, and *George E. Reading*, Woodbury.

Alternate Delegates—(Terms expire 1923), Drs. George E. McLaughlin, Jersey City, and Thomas B. Lee, Camden.

Committees:

On Publication—(Term expires 1924), Dr. Charles D. Bennett, Newark.

On Scientific Work—(Term expires 1924), Dr. Charles J. Kane, Paterson.

On Program—(Term expires 1924), Dr. Frank J. Keller, Paterson.

On Public Hygiene and Sanitation—(Terms expire 1924), Drs. Henry Spence, Jersey City, and Thos. B. Lee, Camden.

Delegates to State Medical Societies—Drs. W. Blair Stewart and Howard F. Palm to the Penn. State Society; Drs. Frederick J. Quigley and David F. Weeks to the New York State Society.

The committee recommends that the Secretary be authorized to give credentials to other members of the Society who desire to act as delegates to other State medical societies.

The committee recommends to the Society that the Board of Trustees shall decide upon the place and time of the next annual meeting of our State Society.

Respectfully submitted,

David C. English.

The President called for other nominations from the floor, but none were made.

It was moved that the nominations be closed. The motion was seconded and carried.

Dr. Johnson then moved the adoption of the Report of the Committee on Nominations as amended and the casting of the ballot by the Secretary. The motion was seconded and carried.

The Secretary having cast the ballot, the President declared that the report as amended, with its recommendations, was adopted and that the nominees were unanimously elected.

Dr. MacAlister presented his resignation as a member of the Committee on Scientific Work and suggested that Dr. A. H. Lippincott be nominated in his place.

Dr. Johnson moved that the resignation of Dr. MacAlister be accepted and that the name of Dr. Lippincott be placed on the committee in his place. Seconded and carried.

Dr. Harris called for the Report of the Welfare Committee. The report was read by Dr. Wells P. Eagleton, the Chairman of the committee.

Dr. F. J. Quigley, Town of Union, moved that the Report of the Welfare Committee be received, and that, as an evidence of the deep sense of appreciation of the Society for the stupendous work of this committee, and as a mark of respect for the personnel of the committee, a rising vote of thanks be given. The motion was seconded and carried.

Dr. Johnson then moved that the House of Delegates reconsider the matter of the assessment of five dollars per member as the annual dues for the next year, and make the amount eight dollars per member. He thought that this would give enough for the needs of the Society and for the welfare work.

Dr. Chandler seconded the motion, and asked that the members bear in mind that the dues are payable on the *first day of January* of each year *in advance*. Many are late in their payments and some have not even yet paid their dues for the present year.

Dr. Harvey explained that the eight thousand dollars asked for by the Welfare Committee was not to go for any of the expenses of the individual members of the committee, but that they intended to have a medical man at the head of the committee who would receive a salary. The committee had discussed the question as to whether they could find, among the members of the Society, a doctor who would take the position and attend to it in the way that it should be done. They did not know of any such person.

The first motion of Dr. Johnson (that the previous action be reconsidered) was voted on and carried.

Dr. Johnson then moved that the assessment be eight dollars for each member. The motion was seconded.

Dr. Kice offered an amendment, that the assessment be ten dollars.

Dr. English gave figures to show that, in all probability, eight dollars would be sufficient to give the committee eight thousand dollars and have enough over to meet the other expenses of the Society.

The amendment of Dr. Kice was seconded.

Dr. Kice said that ten dollars was a mere bagatelle. If they wanted more, they should get it.

Dr. Maurice S. Avidan, of Newark, objected to ten dollars. He thought that if they started lower and gradually increased the amount later on, it would be better. If they started with ten dollars, they would have a hard time to collect it from a good many of the members.

Dr. Blackburn, of East Orange, said that he had been in the medical meetings where, in the enthusiasm of the moment, assessments were raised from ten to fifteen dollars, which later was difficult to collect. He said that those represented the most prosperous of the medical men of the State,

but that to a great many there was quite a difference between eight and ten dollars. He warned them that it might be hard to collect the larger amount.

Dr. William K. Yeaton of Hoboken, disagreed with the last speaker, judging from the experience that he had had during the last year in a society of which he was a member, when they increased the dues from five to ten dollars. They did not lose any of their members, and they had had much better meetings this year than ever before.

Dr. Eagleton thanked the members for this magnificent exhibition of enthusiasm and appreciation, and said that he was speaking for the rest of the committee, as well as for himself, in saying that they appreciated it; but he warned them that there was an element that they must not forget in conducting the campaign: The doctors in the rural districts would say that the chiropractors and osteopaths did not bother them, and that they could not afford it. If the Society raised the dues unnecessarily, they would lose members who otherwise would stay. He considered eight dollars enough.

Dr. English asked that they consider the future phase of the question, and said that the counties were not yet half awake as to the importance of this welfare work. He thought that they should be awakened, but not by frightening them by a heavy assessment.

The amendment raising the amount to ten dollars was then voted on and lost.

The original motion to raise the dues to eight dollars was then voted on and carried unanimously.

Dr. Eagleton then said that he wished to correct a statement that he had made, that the terms of all the boards of managers of State Institutions expired on July 31st. *Dr. Weeks* had called his attention to the fact that this statement was incorrect. The terms expired on June 30th. The nominations for many of these places had, therefore, already been handed to the Governor. There remained, however, a number of places that had not been filled. He urged all that were willing to serve in such positions to look them over and hand in their names, so that the incoming Welfare Committee might be in a position, when asked by the Governor, to submit recommendations to him.

Dr. English made a motion that the Society call the attention of the Governor of the State to the fact that most of these several institutions had no physician on the

Board of Managers, and that as the work of these institutions had very largely to do with the health and life of the inmates and, more or less, with the health and life of the citizens of the State, there should be at least one physician on every board of managers.

The motion was seconded and carried.

Dr. S. A. Cosgrove, of Jersey City, called attention to some work that he thought was needed in his part of the State. He said that last year Essex and Hudson counties had prepared and were going to introduce a bill legalizing the pay of hospitals and physicians for Workmen's Compensation services. Conferences were arranged with representatives of the State Federation of Labor, and it was found that the latter had already introduced an excellent bill covering the subject in a much more comprehensive way. Therefore, it was the sense of the members of the two county societies that they would best serve their own interests by getting behind the labor effort. That bill, however, died in committee at the last legislative session, so they felt that they would like to have the State Welfare Committee, at the next legislative session, be prompt in introducing legislation that would obviate some of the injustices and inequalities that, working under the Labor Compensation Act, institutions suffered from in rendering proportional services.

Another subject that *Dr. Cosgrove* referred to was the fact that in large cities the prostitution of the title, "Dr.," was very detrimental to the medical profession. It was used in public advertising of the activities of all kinds of charlatans. He suggested that the State Welfare Committee should try to bring about legislation that would remedy this.

Dr. Sutphen, Chairman of the Committee of Five to Revise the Constitution and By-Laws, reported that the committee had had a preliminary meeting, and had decided that too much work was required to permit of their being able to make any report at this annual meeting. He stated that the committee would like to have an expression of opinion from every individual in the Society as to any particular part of the Constitution and By-Laws that he thought in need of revision. After securing these data, they would have a full meeting of the committee and endeavor to formulate the proper changes.

Dr. Wilson suggested that the committee send out a questionnaire and get the information that way.

Dr. MacAlister, to show how active the osteopaths and chiropractors were getting, said that he had learned that the Osteopathic College is going to send a number of men (ten or fifteen) to the next State Board Examination, the following week; and that if they were successful in passing the examination, this fact would be used next winter in introducing another bill. He said that the chiropractors and osteopaths were chafing under the bill recently passed; and that the osteopaths were compiling a card index of all their patients, and would bring statistics before the Legislature to prove how successful they are in the practice of medicine. He thought it essential that the Society have their friends see the Senators and people of influence at Trenton very promptly. He thought that *Dr. Cole* of Trenton could be influenced to run for Senator, if Senator Kane should resign or refuse to run again this year for the Senate. *Dr. MacAlister* thought it important to base all their arguments, as *Dr. Eagleton* had suggested, on the educational side. The speaker went on to state that Senator Barber was fully alive to the situation, and was informed concerning a great many of these facts. *Dr. Barber* had reminded him that some members of the Legislature and Senate had not received letters thanking them for getting over Bill 149. He then read a letter sent out by the chiropractors.

Dr. Theodore W. Corwin, of Newark, spoke of the State Tuberculosis Sanitarium at Glen Gardner, and said that they had no authority to make autopsies on patients dying in the institution without obtaining consent from their immediate relatives. This was difficult; because the relatives could not always be seen, and the undertaker took the body away within a few hours after death. The Trustees of the Board of Directors of the Sanitarium had asked him to present this matter to this Society so that it might consider introducing a bill permitting such autopsies in the interest of science. He made a motion that the Society endorse the proposition that the Legislature grant to the institution the right to make autopsies on such cases as would advance the scientific interests of the Sanitarium. He asked that the Legislative Committee be instructed to bring the matter to the attention of the Legislature of the State.

The motion was seconded by *Dr. English* on condition that it be made to include all institutions.

Dr. Johnson thought it would be difficult

to get the Legislature to pass any law making such autopsies compulsory.

Dr. Corwin said that he had not said "compulsory," but merely permissible.

Dr. Johnson said that the only way to make it permissible was by getting the consent of the individual.

The motion was voted on and carried.

Dr. Dickinson, at the request of Mr. Beaver, Chairman of the State Board of Tenement Houses, asked that the Society endorse the attempt to combat the effort being made to have the Tenement House Law of the State amended, as the present law made tenements more sanitary and thus helped to reduce the number of cases of tuberculosis and contagious diseases. He made a motion that the sentiment of the Society was that the present Tenement House Law should not be interfered with.

The motion was seconded.

Dr. Frank Devlin, of Newark, stated his belief that the Tenement House Law had been a labor proposition, with the object of increasing, not alone the livableness of the houses, but also the material welfare of the builder and labor in itself. He thought they had enough to do to keep their own house clean without reaching out to someone else and helping them further their scheme.

Dr. Eagleton said that it was all very well to pass resolutions and go home, but that they would not get anywhere in that way. They must get down to brass tacks. If *Dr. Corwin* knew the conditions and wanted to remedy them, and would appeal to the Welfare Committee, they would authorize him to go to an attorney and get him to draft a bill in a constitutional form.

Dr. Eagleton then referred to *Dr. Cosgrove's* remark that he wished the Welfare Committee had been more active, and *Dr. Cosgrove* said that *Dr. Eagleton* had misunderstood him. He had merely suggested that they interest themselves in that matter on future occasions. *Dr. Eagleton* replied that he had not known that it was needed, and suggested that the county societies inform the committee of any particular law relating to physicians that they considered bad. The committee would then sift the matter and find out how it could be remedied. Then the data could be taken to a local lawyer who was familiar with the condition, and who could draft a proper law, which the Welfare Committee would try to have passed.

Dr. Eagleton stated that he believed that a letter of thanks had been sent to every

Assemblyman and Senator who had voted in favor of that bill. Mr. Gunn bore him out in this statement.

Dr. MacAlister said that he had been quoting Dr. Barber, who had stated that some of them had not received such a letter.

Dr. Eagleton suggested that Dr. Barber give the committee the names of those that had been overlooked. He thought that they had had a complete list.

Dr. Eagleton said that Dr. Cosgrove was right about the misuse of the title "Dr." He thought that if a man who was not a doctor put "M. D." after his name, no matter whether he said that the initials stood for "Master Diagnostician" or "Medical Defender," was violating the Medical Practice Act, and that he thought that the Board of Medical Examiners should enforce that law. The Welfare Committee was not a prosecuting body, the speaker said, but they had placed the evidence in such cases before the State Board of Medical Examiners, who had great power to make those unlawfully advertising themselves as doctors live up to the letter of the law.

Dr. Bassin took exception to Dr. Devlin's remark relative to the bill amending the Workmen's Compensation Law. He said that this was really the medical men's bill, although the labor people had introduced it themselves. He did not think they ought to pick a quarrel with the workmen, because those who had studied the situation in New York, Ohio and New Jersey understood that anything that was not equitable for the working men operated to the detriment of the medical profession individually and collectively. He thought that as long as there was no law compelling the payment for medical services to sick or injured employees as long as necessary in the opinion of the medical practitioner, so long would this injustice to the workingman continue. They should consider the rights of physicians, regardless of whether they were members of the staff of an institution or not, and the only way to do that would be to help the Federation of Labor or anyone else to pass the bill introduced last year.

Dr. Bassin thought that no standardization of fees should be sanctioned by the profession in any of these institutions until the Welfare Committee knew exactly what the object and ultimate effect of such procedure was. He said that unless they were careful, they would have minimum medical and surgical fees, and this would spread like wildfire from one institution to an-

other. He was in favor of the action that Dr. Dickinson had suggested.

The motion of Dr. Dickinson that the present Tenement House Law should not be interfered with was then voted on and carried.

Dr. MacAlister said that the prosecution of people who use the title "M. D." unlawfully was taken care of in the Medical Practice Act, but that it was difficult to secure a conviction. He thought, however, that under the law as amended this year, they could probably secure more convictions. He mentioned the case of a colored physician in Elizabeth who had been convicted of malpractice, and had moved to Newark and practised there, and said that the State Board had revoked this man's license. His lawyer, a very accomplished attorney, had taken the case to the Court of Appeals. In the meantime, the man was still practising. The amendment to the Medical Practice Act made this year, Dr. MacAlister stated, permits the State Board to take such a case and try it without a jury; and they expected to be able to make an example of a great many whom they could not convict before. Dr. MacAlister went on to say that whenever a case was brought to the attention of the Board, he sent an inspector to make an investigation. A great many of these patients who have been badly treated, however, he stated, will not come and give their evidence.

Dr. Eagleton said that he did not think that any sworn evidence was necessary, if a man signed himself "M. D.," and did not hold a degree from an institution recognized by the State; he did not ask the Board of Medical Examiners to convict such a man, but did ask them to make him feel that there was such a thing as a State Board of Medical Examiners, and that they were going to try to enforce the law.

Dr. MacAlister asked whether he did not reply to Dr. Eagleton's communication. Dr. Eagleton answered that he had done so, and had said that he would bring the matter up at the next meeting of the Board.

Dr. MacAlister stated that the Board had not met until the preceding Saturday.

Dr. Eagleton said that he had been told by one of the members of the Board that they had consulted the Attorney General, who said they had no jurisdiction in the case.

Dr. MacAlister said they had an attorney for their Board, and submitted the cases to him, and if he said a case was not one to be

prosecuted, they could not do anything more.

Dr. Pinneo said that Dr. Eagleton was right. While they did not hold the State Board responsible for convictions, yet people were asking why nothing was done. He further said that when convictions were obtained, they were gotten through the police. He thought it disgraceful that in the State of New Jersey, through the medical profession, nothing was done in these cases. He further stated that the State Board of Medical Examiners, of which Dr. MacAlister was the secretary, did not act in these matters satisfactorily in the opinion of the medical profession. He thought that they wanted some State Board, such as the State Board of Health, that was medical and recognized by the law as having these matters in charge and as responsible for them, that they could admire or criticise, and get results. He said that Dr. MacAlister would have to admit that it was the fault of the State Board of Medical Examiners that they were not stronger.

Dr. MacAlister replied that there were hundreds of cases brought to the attention of the County Prosecutors, and that, in a large number of instances, they were not prosecuted—whether through politics or not, he did not know.

Dr. Quigley, with reference to the subject that Dr. Cosgrove had brought up, stated that he had asked Mr. Wall, the State Counsel, whether the Medical Practice Act prevented chiropractors and such people from using the title, "Dr." He rather felt that while the Chiropractic Act did not specifically give them the right to use the title, it did by inference. The medical men felt that an effort should be made to restrict the use of the title; yet dentists, veterinary physicians, ministers and holders of academic degrees, were permitted to use it. He thought that they might be attaching undue importance to the subject. Nevertheless, the general public saw no distinction between the members of the different cults that called themselves "Dr." and the uneducated chiropractor, if he called himself "Dr"; he was thought to have pursued a long course of study, and simply had a different style of practice. He believed that the title really meant nothing now, and if there was any possibility of restricting the title to members of the medical profession, an effort should be made to have this done.

Dr. Corson thought that the best thing to do would be to adopt an entirely new

terminology. He thought that this would be a good thing from a commercial standpoint, and would put the members of the medical profession where they belonged. They would never be able to do anything by trying to bring a definite meaning to the word "doctor."

Adjourned at 5.55 P. M.

ANNUAL BANQUET.

Wednesday Evening, June 15th.

The banquet was held at 7 P. M. During its course, several entertainments were provided. At the conclusion, Dr. Hobart A. Hare of Philadelphia, Pa., delivered an address on the "Dangers and Duties of the Hour."

SIXTH SESSION.

Thursday Morning, June 16th.

GENERAL SESSION.

The meeting was called to order by the President, Dr. Harris, at 9.30 A. M.

CLINICAL PATHOLOGY OF THE THYROID GLAND.

John P. Reilly, M.D., Elizabeth.

Dr. Reilly not being present, the paper was read later and discussed by Drs. Hagerty, Newark; John W. Gray, Newark, and Hyman I. Goldstein, Camden.

THE IMPORTANCE OF CAREFUL DIASTOLIC BLOOD PRESSURE OBSERVATIONS IN CARDIAC AND CARDIO-RENAL DISEASE.

*Clarence L. Andrews, M.D.,
Atlantic City.*

The paper was discussed by Drs. Louis N. Blank, Newark; H. I. Goldstein, Camden; John W. Gray, Newark, and Clarence L. Andrews, Atlantic City.

The Scientific Sessions adjourned *sine die*.

LAST SESSION OF THE HOUSE OF DELEGATES.

Thursday Morning, June 16th.

The meeting was called to order by the President, Dr. Harris, at 11.20 A. M.

Dr. Chandler presented the resignations of Dr. MacAlister as a Permanent Delegate and Dr. William H. Iszard as a member of the Board of Councilors, and made a motion that these resignations be accepted.

The motion was seconded and carried.

Dr. Chandler also stated that there had been additional reports from the Board of Councilors, excusing certain members who had been dropped at a previous session,

they having presented excuses, that the Board had decided to accept. Dr. Chandler moved that the names of these gentlemen be stricken from the list read on the preceding day. The motion was seconded and carried.

Dr. Chandler then stated that he had received a communication from the American Neurological Association expressing sincere appreciation of the New Jersey Medical Society's good wishes, and earnestly desiring that the meeting be most successful.

Dr. Chandler moved that this letter be placed on file. The motion was seconded and carried.

Dr. Chandler then read the following letter from John A. Roach, Chairman of the West Morris County Chapter of the American Red Cross:

Dover, N. J., June 14th, 1921.

Secretary,

New Jersey Medical Association,

Dear Sir:

At a recent Executive Committee meeting of our Chapter the matter of physicians charging fees for their services to ex-service men was brought up. Several cases having been reported to us. We would appreciate it if you would bring this matter before your association, now in session, to see if some action could not be taken by which these unfortunate men, who gave all they had so freely for our country and humanity, could not be served more freely by the medical profession.

Yours respectfully,

John A. Roach, Jr., Chm.,
West Morris County Chapter.

Dr. Chandler said that he had read this with great surprise, as he did not know of any medical man who would charge these men for professional services, unless they were perfectly able and willing to pay. He thought the writer must have been misinformed.

A motion was made and seconded that the communication be received and filed. Carried.

Dr. George E. Reading, of Woodbury, made a report, as delegate to the American Medical Association, that there had been a large and successful meeting, the registration reaching about fifty-five hundred, making it one of the largest meetings ever held by that Association. The arrangements were very good. He had heard practically no fault finding with the accommodations secured, which was quite in contrast with the experience of delegates during the past few years. Altogether, it was a very satisfactory meeting. The place for the meeting next year had been fixed for St. Louis.

Dr. Reading then spoke on the subject of the New Jersey Society's representation, and said that he had been to two meetings, the one at New Orleans the preceding year, and the one this year at Boston. On both occasions he had been the lone representative of the New Jersey State Society. One of that Society's delegates went to Boston, but did not appear in the House of Delegates. *Dr. Reading* thought they ought to have fuller representation at the meeting of the American Medical Association. Other States, even in the Far West, were represented; and yet New Jersey, which was so near, had only one representative in attendance. He urged upon the Society that, if possible, they should see that more delegates reached the House of Delegates of the American Medical Association.

Dr. Chandler asked whether *Dr. Reading* had any suggestion to make as to how they might get those elected as delegates to attend the meeting.

Dr. Reading suggested that they ask each man, before electing him as a delegate, whether he would go if elected. If he were not willing to go, they could get someone else. *Dr. Reading* said that when he was elected first he was not asked whether he would go. Someone happened to think of him and nominated him, and he was elected; but he felt that, as a representative of the Society, he ought to attend the meeting of the American Medical Association. He thought that in our entire membership there should be three men who would feel it their duty to go, if elected; and that a little search would probably find them.

Dr. Chandler agreed with *Dr. Reading*.

Dr. Johnson thought that the Secretary should ascertain whether the delegates were going to attend the meeting, and if not, have them notify their alternates to go. If the latter could not go, they should be empowered to suggest the names of other members who would attend the meeting. If this matter were looked into by the Secretary's office, *Dr. Johnson* thought that the Society might get proper representation.

Dr. Reading said that the Secretary had attended to this matter in the way suggested by *Dr. Johnson* both this year and the year before. He thought, therefore, that they should do something more than this.

Dr. Chandler said that all the delegates had been notified in the same way as *Dr. Reading*. It had been the practice of the Recording Secretary for many years to do this work. He suggested that the Commit-

ee on Revision of the By-Laws consider his matter.

Dr. Johnson made a motion that the Secretary notify the gentlemen selected as delegates, and continue to send notifications until he had secured delegates that would attend.

Dr. Chandler asked that *Dr. Johnson* change the word "secure" to some other word, because he was not sure that he could secure them, although he would try, but he would agree to notify them.

Dr. John F. Condon, of Newark, seconded *Dr. Johnson's* motion, and said that something should be handed to the delegates to talk about when they got to the meeting and to report on their return. At present, all they seemed to have to report was the good times they had.

Dr. Chandler said that it was his custom to send the delegates certificates and the names of the alternates. It was *their* duty to report back to the Secretary in case they could not attend. In that event, the President could fill the vacancy or vacancies.

Dr. Johnson said that his motion had merely said the "Secretary," and that this would mean the Recording Secretary, unless he had specified the Corresponding Secretary.

Dr. Condon said that he had seconded the motion and that he thought it would be well to give the delegates some definite program to report on in the Society's interest.

The motion was voted on and carried.

Dr. Newcomb asked that *Dr. Harris* relinquish the chair to *Dr. Hunter* for a moment. *Dr. Harris* did so.

Dr. Newcomb then moved that a vote of thanks and appreciation be given to the officers of the Society, the Committee of Arrangements and the management of the Chelsea Hotel for the various excellent and enjoyable features of this annual meeting. The motion was seconded and carried.

Dr. Harris then resumed the chair, and said that he accepted the vote of thanks in so far as it pertained to himself, and that he was glad and proud to have been the President of a Society that had existed so long a time. He further said that when he had been sent as a delegate to the Massachusetts Society, many years before, he had referred to that society as being the second oldest medical society in the country. One of its members very politely said that it was a question still under discussion as to whether the New Jersey Medical Society was the original State Medical Society in the country or whether the Massachusetts Medical Society was. *Dr. Harris* said,

however, that later the Massachusetts Society had yielded this honor to the New Jersey Society. He thought that the New Jersey Society had made a mistake to put such an elderly man as himself in the chair, and was rejoiced that they had selected a younger man for the coming year.

This has been a very successful meeting. In 1918 we had an attendance of 409; in 1919, 442; in 1920, 506, and this year, 424. It was a very large attendance considering that the place of meeting was quite remote from the population centre of the State.

Dr. Harris went on to say that a society that had been running for over a century and a half ought to be in good running order. He thought it was, but that it was a little behind the times, and suggested that they have a page—or two pages, if necessary. He thought that there should be an intelligent man ready to be called on by the President to go out and attend to any little matters—especially to announce the opening of the sessions.

Dr. Hagerty, Chairman of the Business Committee, then introduced the following resolution:

Resolved, That the Committee on Arrangements, in the future, shall provide a man to act as an announcement page for all regular and special sessions, and as an aid to the presiding officer in his official capacity; and that it shall be the duty of the page, when notified by the presiding officer, to announce to the members of the Society and guests that the meetings are about to be held.

Dr. Newcomb made a motion that this be referred to the Business Committee, and that they make a report on it.

Dr. Hagerty said that it would be too late to report at this session; but that, as a representative of the Business Committee, he would take it upon himself to see that they attended to it.

One of the members present said that any member of the Society would act in the capacity of page at any time, if requested to do so.

Dr. Harris explained that he had tried that plan many times and had found that it did not work. His experience had been that if you get anything for nothing, you find yourself either disappointed or deceived.

The motion to adopt the resolution was then put and carried.

The House of Delegates then adjourned *sine die* at 11.50 A. M.

William J. Chandler,
Recording Secretary.

Attendance at the Annual Meeting.

The following is the record of attendance according to the registration book:

Fellows.

O. H. Sproul, D. C. English, C. R. P. Fisher, W. B. Johnson, Alex Marcy Jr., E. J. Ill, Daniel Strock, E. Hollingshead, W. J. Chandler, P. Marvel, T. W. Harvey, G. K. Dickinson, N. L. Wilson.

Officers.

P. A. Harris, H. B. Costill, James Hunter Jr., W. P. Eagleton, H. A. Stout, W. J. Chandler, A. Mercer.

Permanent Delegates.

W. B. Stewart, W. E. Darnall, J. A. Joy, E. C. Chew, E. Guion, W. P. Conaway, E. H. Harvey, W. J. Carrington, G. H. McFadden, Jos. Payne, Geo. T. Tracy, E. R. Mulford, W. H. Iszard, Alex. MacAlister, J. F. Leavitt, H. H. Davis, H. F. Palm, W. A. Westcott, A. H. Lippincott, E. B. Rogers, R. L. Marshall, H. G. Miller, H. P. Glendon, W. J. Chandler, C. D. Bennett, T. W. Corwin, W. P. Eagleton, Wm. Buerman, Linn Emerson, J. F. Hagerty, W. H. Hicks, E. S. Sherman, C. E. Sutphen, W. S. Washington, E. Z. Hawkes, C. C. Beling, J. M. Maghee, J. F. Condon, E. D. Newman, E. Murray, Theo. Teimer, M. Runyon, F. W. Pinneo, S. E. Robertson, F. H. Haussling, G. E. Reading, J. H. Underwood, J. M. Rector, J. J. Moonney, W. P. Watson, H. H. Brinkerhoff, H. Spence, A. P. Hasking, C. H. Purdy, G. M. Culver, W. L. Pyle, J. A. Nevin, S. R. Woodruff, G. L. Romine, N. B. Oliphant, H. A. Cotton, C. J. Craythorne, G. H. Franklin, A. L. Smith, F. C. Henry, C. Wigg, F. W. Flagge, H. W. Kice, L. L. Mial, C. H. Scribner, J. T. Gilson, A. F. McBride, J. V. Bergin, H. H. Lucas, J. C. McCoy, J. S. Yates, G. E. Tuers, Wm. Neer, J. S. Green, E. B. Grier, J. P. Reiley, C. H. Schlichter, G. W. Cummins, L. C. Osmun

Annual Delegates

D. B. Allman, H. T. Harvey, S. L. Salasin, B. K. Brick, J. E. Howard, T. B. Lee, E. C. Pechin, N. S. Garrison, M. S. Avidan, H. C. Barkhorn, L. N. Blank, R. J. Brown, F. F. Carman, H. N. Comando, F. Devilin, A. F. Dowd, W. M. Goodwin, E. A. Ill, H. W. Long, F. J. McCauley, H. B. Orton, A. Parisi, E. Reissman, F. J. Quigley, S. A. Cosgrove, W. L. Yeaton Jr., W. Freile, J. Koppel, C. J. Larkey, A. Sacco, Margaret N. Sullivan, H. R. North, D. B. Ackley, M. W. Reddan, G. N. J. Somer, A. Gruessner, H. S. Brown, E. N. Peck, H. Cogan, C. J. Kane, R. M. A. Davis, D. F. Weeks, Thos. E. Dolan, Jos. Funk, H. E. Liven-good, J. Reiner, W. C. Alberts.

Associate Delegates.

D. A. Berner, S. Barbash, G. C. Burrows, C. H. Canning, C. M. Fish, C. Garrabrant, P. C. Joy, I. E. Leonard, J. H. Mason Jr., A. C. Moon, J. Poland, E. J. Porteous, D. W. Scranlan, W. W. Fox, Geo. Scott, T. Senseman, S. Stern, G. Williams, C. L. Andrews, F. R. Corson, B. G. Davis, S. Rosenblatt, A. B. Shimer, E. C. Uz-zle, R. Gilady, C. A. Knox, J. B. Morrow, L. B. Hirst, A. J. Casselman, H. I. Goldstein, E. G. Hummell, W. W. Kain, W. I. Kelchner, P. M. Meeray, E. M. Richardson, J. E. Roberts Jr., H. L. Rose, O. W. Saunders, L. E. Strohm, H. H. Tomlin, C. E. Sharp, W. L. Cornwell, E.

S. Corson, C. M. Gray, L. J. Kaufman, J. L. Bassin, W. H. Areson, E. A. Curtis, A. R. Cassili, H. M. Ewing, J. W. Gray, S. B. W. Lyenberger, J. Levy, J. H. Lowrey, W. B. Mount, A. H. Richardson, S. M. Rubinow, A. V. Sim-mons, J. J. Smith, R. E. Soule, J. S. Stage, M. J. Synnott, S. A. Twinch, E. E. Worl, S. Camp-bell, H. B. Diverty, W. Brewer, R. K. Hollings-head, C. B. Phillips, F. F. Bowyer, L. F. Dono-hue, C. B. Kelly, B. S. Pollak, E. V. Rundlett, G. H. Sexsmith, E. Thum, R. B. Scarlett, A. D. Hutchinson, E. S. Hawke, C. E. Saulsberry, W. W. Beveridge, W. F. Costello, A. B. Coultas, T. Bender, T. A. Clay, F. J. Keller, J. N. Ryan, Wm. Spickers, W. L. Ewen, A. N. Jacob, H. E. Riddel, T. P. Prout, H. H. Bowles, A. R. Eaton, W. J. Lamson, R. W. Moister, J. L. Perkins, E. Stein, A. Stern, S. F. Wade, John F. Massy, Myrtle Frank, A. B. Davis, R. J. Mullin, D. K. Webster.

The following Permanent Delegates have been dropped from the lists for two or more years of unexcused consecutive absences: Charles Calhoun, Bergen County; J. Morgan Dix, Cape May County; E. G. Wherry, Essex County; John J. Baumann, Hudson County; George N. Best, Hunterdon County; William H. James and John F. Smith, Salem County.

The following have been absent from two consecutive annual meetings without excuse satisfactory to the Councilors: W. F. Faison, Hudson County, and John G. Wilson, Middlesex County.

The total attendance at this, the one hundred and fifty-fifth annual meeting, was as follows: Fellows, 13; Officers, 7; Permanent Delegates, 84; Annual Delegates, 47; Associate Delegates, 106; Corresponding Delegates and Guests, 167; total, 424.

The Address of the President, Philander A. Harris, M.D., and the Oration in Surgery, by Eugene H. Pool, M.D., were published in the July Journal. The Oration in Surgery by Martin J. Synnott, M.D., is inserted in this month's Journal. The Third Vice-President's Address by Dr. Wells P. Eagleton, and also his report as chairman of the Welfare Committee, will appear in the October Journal, and Dr. H. A. Hare's address at the Banquet will appear in the December Journal.

Physicians on State Institutions' Boards.

Commissioner Lewis of the Department of Institutions and Agencies has announced the appointment of the following physicians on the Board of Managers of the institutions mentioned: Dr. Frank R. Sheppard, Bridgeton, on the Soldiers' Home at Vineland; Dr. Isaac E. Gluckman, Newark, on the Glen Gardner Sanatorium; Dr. Charles Browne, Princeton, on the Institution for Feeble-Minded, at Vineland; Dr. J. M. Carnochan, Princeton, and Dr. R. P. Miller, Hopewell, on Village for Epileptics, Skillman, and Dr. J. H. Murray, Trenton, on Home for Boys at Jamesburg.

Petition Against Medicinal Beer.—A petition asking that the manufacture and sale of beer for medicinal purposes be prohibited has been signed by 100 Missouri physicians and forwarded by the Missouri Anti-Saloon League to Washington for presentation to the federal prohibition director.

Deaths.

ADAMS.—At Jersey City, N. J., July 28, 1921, Dr. Clovis Adams. He graduated from the College of Physicians and Surgeons, New York City, in 1877. He was formerly connected with the staffs of the French Hospital, the Manhattan Eye, Ear, Nose and Throat Hospital and the Orthopedic Hospital in New York City.

FRANK.—At Bayonne, N. J., July 19, 1921, Dr. John Frank, aged 66 years. He graduated from the Med. Depart., Columbia College, N. Y. City, in 1880.

HENRIQUES.—At Morristown, N. J., on August 19, 1921, Dr. Henry A. Henriques, aged 60 years.

Dr. Henriques was born in New York City in September, 1861. He was educated at Columbia University; graduated from its Medical School in 1883; practiced medicine in that city until 1892 when he went to Morristown where he has since been in active practice and was also prominent in civic affairs. He was one of the originators of the Shongum Sanatorium and for several years was president of its board of directors. He also served many years as visiting surgeon at both Memorial and All Souls' Hospitals. He was a member of the Morristown Club, the Morris County Golf Club and the Washington Association of New Jersey; was also a member of the Board of Aldermen for one term and a member of the Academy of Medicine of New York. He was a former president of the Morris County Medical Society, was also a member of the State Society and a Fellow of the American Medical Association. He attended his patients during Friday, the 19th; complained of pains about the heart that evening and died suddenly during the night. **The Jerseyman** of Morristown in an editorial says:

Like one who lies down upon his couch for peaceful dreams, the summons of death came last night to Dr. Henry A. Henriques. The heart was stilled during the hours of slumber. The earthly work of a man who gave his life to help others, was closed. It was a sudden departure; one that fills this community with deep sorrow, for no physician did greater service for mankind than he. No case was too small for his personal attention; no suffering too great but what he felt the pulse of humanity in his patient, and no task to severe. He gave unstintingly the best that was in him.

As a physician Dr. Henriques ranked high. As a surgeon he possessed that touch of the skilled. It was his life work, and he made it a work for prolonging the lives of others. And in his ministrations he carried always that cheer and sunshine into the sick room; into the hospital wards, and upon the death bed, that gave strength to the weak, courage to the down-hearted, and hope to the dying. As a man Dr. Henriques was true to these very precepts. He was a good husband, thoughtful and always a lover of homelife. While he will be missed by many who called him to their bedside in the hours of sickness, it is in the home his death will be most keenly felt. And this is true with regard to his fellow physicians of Morristown and throughout the county. He

will always be remembered as a good physician, a kindly man and a public-spirited citizen.

MARCY.—At Cape May, N. J., August 18, 1921, Dr. Alexander Marcy, Sr., of Riverton, aged 83 years. He was born at Cold Spring, three miles from Cape May, in 1838. He graduated from the University of Pennsylvania Medical Department, in 1861, and practiced in Camden, N. J., for thirty years. He retired from active practice several years ago; has resided with his son, Dr. Alex. Marcy Jr., at Riverton for several years; another son, Dr. John W. Marcy, is practicing in Merchantville, New Jersey.

Personal Notes.

Dr. William R. Broughton, Bloomfield, spent last month with his family at Poland Springs, Maine.

Dr. H. Crittenden Harris, Glen Ridge, and wife took a motor trip to Quebec last month, stopping on their return at Crawford Notch, White Mountains.

Drs. Benj. V. D. and Ellis W. Hedges, Plainfield, have sold their farm at Chester, which has been owned by the Hedges family since 1828.

Dr. Morgan D. Hughes, Bloomfield, and wife spent August at Belgrade Lakes, Maine.

Dr. H. Garret Miller, Millville, and wife spent ten days at the Delaware Water Gap last month.

Dr. Joseph G. Coleman, Hamburg, was recently elected secretary of the Sussex County Board of Elections.

Dr. Archibald L. Reich, Newark, was robbed of \$100 and checks for \$420 recently which he took home from a meeting of a building loan association of which he was an officer. The money and checks he left in a pocket of his trousers, with his watch, placing the trousers on a chair near the head of his bed when he retired. A burglar entered his room, the doctor waked up, chased the burglar who fired a shot at the doctor, but escaped with the money.

Dr. Ambrose F. Dowd, Newark, and wife have returned home from their cottage at Belmar.

Dr. Fred J. LaRiew, Washington, and wife spent their vacation last month at Walnut Beach, Conn.

Dr. John E. Parker, East Orange, and wife spent last month at Cornish, N. H.

Dr. George W. Fithian, Perth Amboy, and family visited relatives in Bridgeton and Cedarville last month.

Dr. Samuel C. Haven, Morristown, and wife are spending several weeks in Nova Scotia.

Dr. Franklin P. Lefferts, Belvidere, has been re-elected superintendent of the Second Presbyterian Sunday School.

Dr. Henry J. Harp, Sussex, and wife took a motor trip through New York State last month.

Dr. William Martin, Atlantic City, addressed the Bucks County (Pa.) Medical Society recently on "Some Facts About Hypertension and Its Treatment." The doctor is now editing a Department of Electrotherapeutics in the Western Medical Times of Denver.

Dr. William T. Carstarphan, Plainfield, has opened an office there for the practice of Internal Medicine and Laboratory Diagnosis.

Dr. Edward W. Closson, Lambertville, and family spent two weeks at the Engleside, Beach Haven, last month.

Dr. Barth M. Howley, New Brunswick, recently spent three weeks with his family in the Northern Maine woods.

Dr. H. Garret Miller, Millville, and family recently spent ten days touring in their auto to the Delaware Water Gap, Lake George and other points in New York State.

Dr. Frank W. Pinneo, Newark, spent his two weeks' vacation touring New England with his family.

Dr. Leon T. Salmon, Lambertville, and family spent two weeks recently at Ocean Grove.

Dr. Fred W. Scott, New Brunswick, spent his two weeks' vacation at the seashore.

Dr. Arthur L. Smith, New Brunswick, and family spent the last two weeks of August at the Thousand Islands Park.

Dr. S. T. Day, Port Norris, has been elected treasurer of the High School Alumni Association recently organized.

Dr. George H. Foster, Rockaway, and wife spent two weeks last month on a motor trip through New England.

Dr. Theodore B. Fulper, Hampton, and wife spent several days at Asbury Park.

Dr. Henry W. Kice, Wharton, was summoned to Detroit recently by the serious illness of a brother.

Dr. James Douglas, Morristown, who was confined in the Memorial Hospital there in May is slowly regaining his health.

Dr. Cuthbert Wigg, Boonton, and wife, who have been in the Memorial Hospital at Morristown, the former with fractured ribs and the latter from a fractured arm and leg, the results of an accident, have recently returned to their home.

Dr. Matthew K. Elmer, Bridgeton, and wife recently arrived home from their vacation trip to Maine.

Dr. George B. Landers, Morristown, and wife have taken a cottage at Manasquan for a few weeks.

Dr. George W. Strickland, Roselle, and a party went on a fishing trip to Barnegat recently.

Dr. Fred C. Jacobson, Newark, and wife recently returned home from the Copper River country, Alaska.

Dr. Edward W. Sprague, Newark, and wife have returned from a motor trip through the White Mountains and Green Mountains.

Public Health Items.

Bridgeton Health Report.—There were 20 deaths in Bridgeton in July, seven were between 70 and 80 years of age, one was 83 and another 85.

Typhoid Fever Cases Traced to Harvest Home Celebration.—Five recent cases in Trenton were investigated by the Department of Health and in four it was found that the victims had attended the Jobstown harvest home July 27.

The same state of facts has been established as to many cases throughout Burlington County. There are said to have been 40 cases in Jobstown and 150 in the county.

Newark Health Department Report.—The report for the month of June shows a total of 384 deaths or a rate of 10.8 per 1,000 population. The chief causes of death were: Tuberculosis, 39 cases; cancer, 45; apoplexy, 26; organic heart disease, 47; pneumonia, 16; Bright's disease and nephritis, 35; diphtheria, 4 out of 76 cases reported. There were reported: Gonorrhea, 81 cases; syphilis, 49; chancre, 2; smallpox 9 cases. For the first six months of 1921 the infant mortality was 66.14 per 1,000 births, the lowest ever reported; the birth rate was 27.6 per 1,000 population. 205 deaths from cancer were recorded of which 169 were 45 or more years of age, none under 15 years; there were 29 deaths from diphtheria, "in no cases where death resulted has it ever been shown that the patient had received antitoxin with the onset of the symptoms."

New Jersey Health Report.—For the first six months of the present year the death rate for New Jersey was 12, as compared with 14.58 for the corresponding period last year. Thus far the death rate for the year has been unusually low. The number of deaths for the month ending July 31 last, as reported to the State Bureau of Vital Statistics, was 2,949. There were 523 deaths among children under one year and under five years, and 917 deaths among persons sixty years old or over.

State Health Administration.—The state should perform those necessary functions of health administration which, if omitted or left to the numerous counties of the state to assume, would require in the place of a single state agency many county agencies with much overlapping and extravagance and nothing like the efficiency that would be had through one well organized state agency.—W. S. Rankin, Tr. Assn. Life Ins. Presidents, 1919.

Death Rate Declines.—Statistics of the Metropolitan Life Insurance Company, covering 13,193,692 policyholders, show a cut of 23 per cent. in the death rate for the year to date, below that of 1920. The most marked declines are for influenza and pneumonia, tuberculosis and organic heart disease. The death rate for pneumonia for the first six months of this year was about one-ninth that for the first half of 1920; likewise the death rate from pneumonia for the first half of 1921 was about one-half that for the corresponding period of last year. These decreases, together with a drop of 19 per cent. in the tuberculosis rate and 9 per cent. in that for cardiac diseases, are the chief elements responsible for this year's remarkable health record. Other diseases which have registered much lower this year than last are cerebral hemorrhage and Bright's disease, measles and whooping cough. There has been a decrease in the mortality from conditions incidental to pregnancy and childbirth of 21.2 per cent.

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EXPERIENCE IN RECONSTRUCTIVE BONE AND JOINT SURGERY.* Lantern Slide Illustrations.

By Robert E. Soule, M.D., F.A.C.S.,

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Newark, N. J.

The purpose of this paper is to present a few of the problems encountered in reconstruction surgery and their solution illustrated by lantern slides from my work in bone and joint surgery.

The first series of illustrations shows the progress of the disease in a case of osteomyelitis of the tibia in a boy of seven years who was struck by a sled. There was no skin abrasion or other external evidence of injury other than slight swelling of the ankle and his complaint of pain. The first x-ray taken a few days after the injury showed no evidence of a bone or periosteal lesion and the case was treated for severe sprain of the ankle joint by fixation in plaster of Paris. A week later the pain had not subsided and the clinical evidence indicated osteomyelitis. A second x-ray was taken which showed decided bone destruction, including the lower third of the tibia down to the epiphysal line. The leg was operated, periosteum split and the diseased area of the shaft freely exposed, the softened and infected tissue cleared away, the whole bone area freely flooded with tincture of iodine 3½%, loose gauze dressings applied and the leg with the foot at

a right angle was placed in plaster of Paris with the operated area left exposed for dressings. Absorption of bone tissue continued near the epiphysis until there was a separation of the epiphysis from the shaft. Fixation in plaster of Paris was continued throughout treatment until new bone formed and firm union evident between epiphysis and shaft. About seven years later the case was examined by me and showed no shortening of the tibia, full function of ankle joint and x-ray showed full restoration of bone outline. This series shows a full restoration of function in a case of severe osteomyelitis with threatening deformity by following a conservative method of treatment from the beginning rather than removing a large area of bone which would make non-union or deformity more likely.

Of the various irrigating solutions I have used I believe that a weak solution of tincture of iodine is as serviceable as any, is most readily procurable and safe for general use. That it should be used freely from the beginning, not as swabs but as a flushing or irrigation, is important in order that it may enter all interstices.

The continuous fixation by plaster of Paris immobilization throughout not only holds the parts constantly in the proper position for favorable reunion should a separation take place from extensive absorption of bone tissue, but also prevents the discomfort of strict confinement that is required when the average external splinting is applied and removed for dressings. A necessary wide area of exposure may be provided in the cast, or even a complete circular exposure about the limb can be provided by incorporating in the plaster metal strips bent out widely at the opening to allow for dressings, at the same time holding the parts immobil-

*Read before the Annual Meeting of the Medical Society of New Jersey at Atlantic City, N. J., on June 14th, 1921.

ized at either end. Cotton should not be used as a lining to the cast as it is too bulky and allows the cast to loosen after it has been on for a time. I always use shaker flannel bandage as a lining, thus assuring a close fitting cast throughout.

The establishment of early free drainage from the earliest moment is of paramount importance, limiting the extent of bone infected and the constant immobilization of the affected part until bone regeneration is well established (particularly if the infection is near a joint) is also an important factor in the final full restoration of structure and function, followed by physiotherapeutic measures to hasten full function.

The periosteum should be preserved as far as possible, as from this source much of the new bone is produced to fill in the deficiency.

Osteomyelitis, though primarily a destructive osteitis, is finally followed by rapid new bone formation, whereas a purely tubercular osteitis is solely a destructive osteitis followed by no new bone formation, unless accompanied by a mixed infection which is usually produced by operating on a cold abscess and allowing it to drain. A cold abscess from a tuberculous bone focus should not be opened unless there is a certainty of its opening itself in a position unfavorable for dressings, and when it is opened it should be done under the strictest surgical cleanliness and immediately closed. If the focus is at or near a joint absolute immobilization of the joint is usually sufficient to produce a recession of the disease and absorption of the cold abscess takes place without danger to the patient from mixed infection and the possibility of amyloid degeneration and a fatal termination.

The method of treatment adopted in tuberculous bone lesions should be considered from the standpoint of the age of the patient. With the child the loss of time is not necessarily an important factor as it is with the adult, and again the growing child has more active power of resistance to the disease, especially when assisted by the technique of a surgeon experienced in treating such cases. Here conservatism has proved in the large majority of instances the preferable course to pursue, particularly when the disease is confined to the extremities. External fixation, together with adequate hygienic provisions, prove most serviceable in

childhood. In the adult a different problem obtains. The chronicity of a tuberculous focus is more persistent owing largely to the fixed status in structural development and a weaker surplus of body resistance to combat disease, plus the mental influence of the confinement and loss of time. Therefore operative treatment is often much more serviceable, particularly since we have adopted the use of bone grafting as a means of fixation.

There is one exception to the general rule of non-operative treatment as applied to tuberculous bones and joints in children and that is the use of the bone graft in tuberculous disease of the spine. From a pretty generous experience in treating tubercular spinal disease in children I cannot commend the bone-graft procedure too highly when the technique is properly carried out and the necessary observance of adequate fixation for a sufficient period after operation is maintained. My experience in operating on children as young as three years has been most gratifying. The acute symptoms are controlled almost immediately but the aftercare must be rigidly enforced for the first year following operation. The child is freed from pain, appetite and weight increases and the whole situation is changed in the first few weeks following the operation. The child can be bathed and cared for far more comfortably and safely thereafter.

There are reasons for the failures reported from the operation. The graft implanted may not be long enough to span the diseased vertebrae and fix the diseased area to healthy vertebrae at either end. The graft may break owing to improper observation of the necessary care following the operation. This must be watched for where post-operative fixation of the spine is not used. The graft may not take, due to the lack of securing good contact of graft to the spinous processes or permitting the grafted area to support the superincumbent body weight too early after operation, or attempting to apply the graft in the region of an infected sinus, an error in judgment in the selection of the case for operation. Though all of these faults are remediable and do not spell final failure, yet they show a lack of judgment in the technique employed. With some cases of adults as well as children there may be conditions over which the operator has insufficient

control. Sometimes there may be delay in the normal bone reproduction to amalgamate the graft at its contacts. The x-ray will assist in such cases and a little more time should be allowed for new bone solidification. I have succeeded in getting a perfect grafted union in a Charcot's knee, the first thus far reported I believe, and now about six years after the operation it remains perfectly secure. I have used cancellous as well as cortical bone as a graft and whereas the cancellous bone might be considered the most ideal theoretically, the cortical bone graft is the most serviceable in my experience, particularly where an early splint effect is indicated. All grafts absorb after sufficient time, but not necessarily as the common meaning of the term might indicate. It might better be designated as bone cell replacement as is common to all body cells. I have records showing the persistence of graft detail after five and more years since the implantation. This detail is not so sharply defined as when operated but is still evident.

In treating a tuberculous hip joint immobilization with or without traction still remains the most satisfactory method. In this country both braces and plaster are employed while plaster of Paris fixation is more generally in use in European clinics. There are two points to be considered in the choice of method. If final ankylosis of the diseased hip is the aim the plaster of Paris spica will render this more certain, whereas if mobility of the joint is desired then the traction hip splint is preferable. In my experience the use of the plaster of Paris spica is preferable in the very acute stage, followed by the traction hip splint for a convalescent walking brace, having yielded a good percentage of recoveries with a movable joint. Extreme deformity with shortening of the limb is not so likely as when the plaster of Paris spica is used throughout the treatment.

Excisions in tuberculous hip disease in children is not good surgical practice and is resorted to rarely even in the adult. Other joints yield best to conservative treatment and open operative intervention should only be undertaken to correct deformities and then only after the acute symptoms have long been quiescent. In late adolescence and in the adult much can be done towards correcting marked permanent deformities and disabilities resulting from a tuberculous joint and

surgical work has made a decided advance in the past ten years in relieving these handicaps.

For illustration take a case of a hip joint ankylosed in the usual adducted and flexed position, necessitating the individual wearing an elevation of several inches to the shoe to make walking possible. There is always a marked limp and awkwardness to the gait. This deformity can be corrected by a circular subtrochanteric osteotomy and the limb held in abduction until bony union of the fracture is obtained, thus enabling the patient to walk without any extension to the shoe. This procedure should not be undertaken unless there is actual bony ankylosis of the femur to the ilium. I have shown you a very marked example of a case that can now walk with hardly any limp, can go up and downstairs easily, whereas previously she had to wear a 6-inch raise on her shoe and walked with a marked limp and extreme deformity.

In regard to reconstructive surgical work in ununited and mal-united fractures I have shown you instances where I have employed bone grafting in restoring proper alignment, firm union and improved function in fractures of the femur, radius, lower jaw, carpus and tarsus, also methods adopted in restoring stability and structure and improved function in joints.

In restoring function to partially or completely ankylosed joints there is an important point to be considered and that is whether joint motion resulting from operation will be with or without pain. If the restored joint function is accompanied by pain the result obtained cannot be considered satisfactory.

Operations to be attempted in weight-bearing joints such as the knee, must be considered not only from the viewpoint of producing stability and function but also with the additional aim of producing painless motion. Otherwise the motion obtained will not be of service but be a further handicap to usefulness. It is my judgment that a stiff but painless weight-bearing joint is a far more serviceable condition than one movable with pain. This applies particularly to the hip and knee joints. There are many instances where an individual can do a day's work with comparative ease with one of these joints stiff, whereas had he any degree of

motion with pain such work would be impossible.

In ununited fractures of the patella as well as in fractures of the patella with loose fibrous union, I have found it unnecessary to enter the joint in order to produce firm bony union of the fragments. The exudate from the fracture and the tearing of the injured tissues organizes between the fragments and unless the articular surfaces of the tibia and femur are damaged at the time of injury, adhesions are unlikely to occur between these surfaces. The character of these joint surfaces, bathed as they are with synovia, prevents adhesions forming and the action of the synovia upon the joint side of the organizing blood clot and exudate between the patella fragments forms a good articular membrane which had better be left undisturbed. I have observed the precaution of not opening through this membrane in instances where the separation between the patella fragments was an inch and more, without jeopardizing full joint function by allowing a fresh blood clot to enter the joint and organize. I also prefer kangaroo tendon to the use of wire in securing the bone fragments together.

In ununited fractures of the lower jaw I have found my bone pin graft method reported in *Surgery, Gynecology and Obstetrics*, September, 1920, a preferable means of uniting these difficult fractures. The simplicity of the technique shortens the operative time materially and the accuracy of alignment it ensures, together with the bone nucleus it furnishes, offers every assurance of a serviceable result.

For the painful deformity of congenital hammer toe I believe I have devised the most serviceable method for its cure, by producing an ankylosis of the flexed joint as described in my report published in the *Journal of the A. M. A.*, May 11th, 1912. It is not considered good surgical practice to amputate the toe and operations on the contracted soft parts are apt to result in a troublesome scar and re-contracture.

Another topic I will consider briefly is the correction of deformities resulting from infantile paralysis and spastic paralysis. Much has been written relative to the operative correction of paralytic deformities both in childhood and in the adult. In this connection probably more emphasis has been laid on the value of muscle and tendon transplantation to im-

prove function than it actually deserved. In my opinion the important factor to be considered in deciding the procedure to be adopted is whether the function to be improved is in a weight-bearing or non-weight-bearing member. If a weight-bearing member then structure as well as function must be considered to attain the maximum of restoration, for unless the improvement in function can be maintained with weight-bearing there is no increase in the practical usefulness resulting from the operation. As an illustration we will take a case of infantile paralysis with the paralysis affecting the anterior and posterior tibial muscles, which is of common occurrence. There is a loss of balance of muscles acting on the mesial and external sides of the leg, the foot takes the position of valgus when the body weight is placed upon it, the position of paralytic pronated flat foot. It might be considered serviceable to transplant some of the muscle power exerted to dorsiflex and evert the foot to the mesial side, in order to adduct the foot and create a balance of muscle action on the two sides. This is done and it is seen that by this procedure the foot can be actually made to adduct or invert, but now let the patient stand on the foot, bearing his body weight, and see what happens. The tendency of the foot under his body weight is to assume the original position of valgus or eversion as before the operation, because the transplanted muscle pull is not sufficiently strong to maintain the corrected position of the foot with weight-bearing. Then another thing is noted in examining the foot after the tendon transplantation is done. We have weakened the previously strong abduction muscle force which was previously exerted upon the foot, so that in order to create a balance in active function of the foot we have halved the normal active muscle force on the outside of the leg and as a result both sides are weak.

Now, if stability is the first consideration we must correct the tendency to deformity of the foot in weight-bearing so that the body weight when brought upon the foot will not distort it either outward or inward. Then it will be found that there is no need of changing the normal muscle action still present, for we find that by the correction of the structure of the foot in weight-bearing we have furnished the proper amount of resistance for the

previously overacting abductors of the foot to pull against and the foot dorsiflexes with much greater power without taking its former deformed position.

In these instances thus illustrated I have accomplished this result repeatedly with far more satisfactory results than by resorting to tendon or muscle transplantation.

I have shown in previous papers how securely the astragalus is held in its position, articulating with the tibia and fibula; and if the foot is actually anchored to the astragalus by forming a bone union between the scaphoid and head of the astragalus, the deformity is overcome and the active function of the foot greatly enhanced, thus relieving the painful disability. This illustrative example is a fair picture of the differentiation which should be considered when correcting deformities of either weight-bearing or non-weight-bearing members and should apply in all instances of paralytic deformities.

Another topic I have shown in the lantern illustration is the treatment of deformities of the long bones, particularly exemplified in bowlegs and knockknees. The illustrations show the before and after correction of these cases. Probably the most important point is when to use open or closed methods. I use osteoclasis in all instances in children under six years where the cortical bone is not too dense to be easily fractured, either manually or by an osteoclast, without bruising the soft parts and where the maximum of the curve is well away from a joint. In other cases, that is where the curve is close to a joint or the bone is deemed too dense and rigid to be readily broken, I prefer a simple osteotomy, not with the chisel but always with an osteotome, and no longer do I remove bone wedges even in instances of the anterior bowing of the tibia as is taught in the text books. A simple osteotomy is far preferable as there is the least mutilation, no possibility of non-union resulting and full correction of the deformity is accomplished.

In the case of knockknees the osteotomy is always made on the concave side so that the forcible correction of the deformity completes the fracture without unnecessarily tearing the soft parts and the wound in all cases should be the width of the osteotome, closed by a stitch or two of plain catgut, the post-operative

fixation in plaster to remain on from six to eight weeks, depending upon the age of the child. The younger the case the longer the fixation post-operative.

In the treatment of congenital clubfoot the most essential point in obtaining a perfect correction is that the child comes under treatment early enough. The old idea of doing nothing for the first few years is decidedly wrong but it is not necessary to go to the other extreme and begin treatment immediately after birth. From the second to the fourth months is in my estimation preferable and the method of choice is the manual stretching at weekly intervals and fixation by my traction plaster of Paris technique published in the American Journal of Orthopedic Surgery May, 1911. Since publishing this technique I have not found reason to deviate from this method to any extent in early childhood. In cases coming to me seven years or older, I am using my bone graft arthrodesis technique in the correction of this deformity.

In the treatment of flatfoot I will call your attention to the method I have been employing for the past six years as the most certain and serviceable for persistent and relapsing painful flatfoot in its varied manifestations. I have just reported at the A. M. A. meeting, Orthopedic Section, in Boston, my collection of 38 operations performed for this disability and followed for the past six years, representing a fair estimate of the results of the value of the procedure. The technique which I have already published in the American Journal of Orthopedic Surgery of April, 1917, consists in producing a bony ankylosis between the astragalus and scaphoid bones with the foot corrected and held by a bone graft pin. The accuracy of correction of the deformity and relief of the painful disability is so certain that I do not hesitate to advise it in all long-standing, persistent and relapsing cases of flatfoot where other reasonable efforts to cure have failed.

671 Broad Street, Newark, N. J.

DISCUSSION.

Dr. John N. Bassin, Newark: I take it that Dr. Soule uses the pin graft exclusively. In my experience, the pin graft was excellent, but the subsequent manipulation of the joints very painful. Complete recovery in six or eight weeks is desirable, but I was not so fortunate with my cases. In my recent six or eight such cases, using the Albee graft in the tarsus or about the long bones approximating articulations the joints were subsequently very pain-

ful when complete arthrodesis was not obtained. In many compensation cases, one cannot do a complete arthrodesis as the patients will not permit it, although such results were frequently obtained in my practice in children, with congenital defects and polio cases.

With reference to the paraplegia, the doctor showed a case of a paralyzed hand. In my experience the subsequent contracture deformity can first be overcome by lengthening the tendons, so that the opposite muscle group readily retracts when the extremity is finally put up in overcorrection, thereby obviating the necessity of sacrificing the joint, which Dr. Soule's operation must necessarily compel. Unless other means had failed would the pin graft operation be justifiable.

In flat foot, I was taught that the condition was primarily a weak foot; as Whitman would term it; that there was always a luxation of the astragalus, and that, therefore, the deformity could be corrected without an open operation in the early stages, supplemented by either the Whitman brace or a proper orthopaedic shoe. In compensation cases, one hasn't the choice of surgical procedure because of expediency and the temporary period of disability which must always be taken into consideration.

As to tuberculosis of the hip, the doctor told us what has been taught for some twenty-five or thirty years past, and it is refreshing to hear it. It is rather unique that a hip abscess in most of our cases, has presented itself in about the area which Dr. Soule's shadowgraph reveals. I am inclined to believe that too much reliance cannot be placed upon a bone transplant or a bone peg; because unless surely patient is in very good health, there is regardless of all asepsis, a tendency to subsequent haematogenous transmission of infection to the operative field and inviting osteomyelitis. I had two such cases in which every possible aseptic precaution was taken there was nevertheless infection which was subsequently traced to a focus elsewhere in the body which was not demonstrable to the physical and laboratory examination previous to operation.

Dr. Harold D. Corbusier, Plainfield: I was particularly interested in the picture of the bone graft. Recently I have had an opportunity to observe a great many bone grafts put in by various men doing work on soldiers after the war. A great many were spoken of as successes, when they really were not. They did not wait long enough. I have seen a number breaking down after two years, and I think that the chief reason for lack of success in these cases was, very often, especially on one side, that the graft was put in too soon after healing had taken place. In a certain hospital where I was, we waited three months after the wound had been thoroughly healed. That was not long enough in many cases. After any injury, especially about factories, industrial accidents, etc., I think that a bone graft should not be attempted in less than six months, unless it is healed by primary union.

We have learned so much during the war about physiotherapy in its broad sense, as used in the treatment of war wounds, that this word physiotherapy, has come into its own. It should be passed along, because we have learned a great deal about it. We have learn-

ed that a great deal more can be done by it than could be done before. You can get a person back at work sooner, especially if you have a competent operator. Hospitals are entirely behind the times. Unless they have the privilege of escaping from its therapy, therefore, they do not have as good a chance as the other patients.

The spastic cases were very interesting. Many more cases of spasticity were operated on than heretofore. I have seen cases in which early tenotomy would have been very beneficial. I had a case in a woman, thirty-five years old, who has made marked improvement since tenotomy has been done, not only in gait, but in her mental condition. It is remarkable what can be done by mere tenotomies in these spastic cases. In regard to the foot operation, I was particularly interested in it. Some years ago, I took up the operation of bone pin in the astragalo-scapoid joint. Dr. Soule said that he always pinned these joints in doing an arthrodesis. I have tried both ways; but in some cases, I have thought that it was not the thing to put in that bone pin. In a young person a bone pin is really not necessary; although, of course, it makes a little better arch.

Dr. Frank W. Pinneo, Newark: The topic of this paper suggests a subject that pathologists have found a hard nut to crack—the pathology of bone. Besides the important group of cases in which there are sarcomas and other tumors and the great group of fractures, there are the very common and prevalent deformities of children, not only neglected children of the streets, but well nourished children in homes due, some, to congenital causes, others, to destructive bone diseases. When we came to the experience of war injuries in adults we found the same pathology and the same principles of treatment applicable to these adults with acute injuries as to children in civil life. From a study of the work on bone-grafting by many men who have contributed to the pathology of bone, it is clear that we can expect bone, properly transplanted, to grow in its new site, and thereby afford both static recovery and dynamic recovery. We can do thereby what never was done before. The important thing to the race at large is our responsibility for restoring to usefulness to society those who would otherwise be a burden on society. At the recent Boston meetings we made a trip to Canton, an institution for training crippled children. To see a baseball game played by boys without any legs, or on splints matched against normal boys was an exhibition of the value of enthusiasm in curative occupation. An important factor in restoring function is the interest of the patient who is deformed in the curative occupation which follows the doctor's operative measures, as, e. g., tendon transplantation. If we could get in the soldiers an enthusiastic interest in their reconstruction occupation, it was a valuable therapeutic aid, both in completion of the cure and in shortening the time required.

Dr. Carl E. Sutphen, Newark: I should like to ask the reader of the paper whether, in speaking of bone grafting or bone pinning, he has not neglected to mention the fact that one frequently finds a fair number of people who do not have the so-called osteogenetic power

to carry out the supposed result of the bone graft or the bone pin.

Dr. Soule (closing): I will try to answer as best I am able all the questions asked. Regarding the pathology of bone to which Dr. Sutphen has referred, as to non-union or delayed union of the graft, I have met a few cases where bone regeneration was not as rapid as is considered normal. One case was that I have just shown, rheumatoid arthritis, where the bone graft pin broke in one foot and remained intact in the other. Had I given more time before allowing weight bearing this would not have occurred. As soon as the fracture of the graft was discovered I placed the foot again in plaster for six weeks and good bone union resulted without further difficulty. I recall one other case—tuberculous Pott's disease of the dorsal spine in a child seven years old, where I did not succeed in having the graft take, but this case was not due to delay or lack of bone proliferation, but due to having used old kangaroo tendon which I learned later had not been kept sealed in its sterile container before being given to me to use. I had implanted the graft in the usual way but it would not take so I removed it and waited for the wound to heal. Then I implanted a similar graft in the opposite sides of the spinous processes. This was successful and caused no further trouble. There was no delay of bone regeneration, the fault being in the suture material.

The case of disorganized and dislocated Charoot's knee joint was as marked a case where delay in bone reproduction might be anticipated as I have had to deal with, and in this instance I allowed a longer period of fixation in plaster before permitting weight bearing on the limb and followed the case by x-ray examinations. The result was a strong bony union with the limb straight and it has remained so to date. I think that the result of the use of the bone graft depends upon the individual technique employed, the rigid carrying out of that technique, with sufficient post-operative observation to assure a perfect result. I think the post-operative care has more to do with the result than any other one thing. In all cases I think we should adhere as rigidly as possible to the elimination of the use of foreign materials.

Several have referred to the flat foot cases shown. I should not think of operating on a flat foot until I was satisfied that by no other method could the condition be corrected. I only use an open operation in the relapsing cases and cases that are resistant to any other method of treatment. I have applied it in the more severe cases only and have produced satisfactory results. I have just reported at the American Medical Association in Boston 38 pin graft operations for different flat foot conditions. I had followed most of these cases since operation and there were but two instances in which I could find anything like failure. I think that a pretty good record for the procedure. One was the case of rheumatoid arthritis where the pin graft broke. I do not really consider that a failure as recovery has taken place from continuing plaster immobilization. The other case was where I felt I had slightly over-corrected the foot but as I have not been able to follow this case since 1917,

when I entered military service, I cannot pass upon the final outcome.

I have discontinued the simple arthrodesis operation for flat foot since 1915 when I began using my pin graft method as the results have been so uniformly satisfactory. The pin assures absolute accuracy of position so that the plaster cast can be applied after the operation is completed with the knowledge that nothing will disturb the desired alignment of the bones. This is a very important consideration. The pin also in itself forms a bone nucleus to assure of bony ankylosis. Before using the pin graft I had to exercise care that I did not disturb the proper contact of denuded bone surfaces while applying the plaster cast.

Owing to the lateness of the hour I did not expect so much interesting discussion and I may have overlooked some of the questions asked. As to the advisable immobilization in hip joint disease I would say that here in America we use both plaster and brace fixation. With some the plaster method seems to be satisfactory and with others the brace method is serviceable treatment. I do not think it is possible to draw a conclusion as to which is the better. If we want ankylosis as Lorenz looked for it we are more certain to get it by the use of plaster and weight bearing, but if we are looking for joint motion as a result then the brace is to be chosen. The most important factor, whichever method is employed, is the skillful application of the method adopted until the cessation of the acute symptoms has taken place and then careful observation during the full period to restoration. To treat a case in one's office and let it go home to be away from one's observation for an indefinite time is not a good practice to follow. There should be stated periods of re-examinations to keep a close observation of the patient's progress as in these cases a "stich in time save nine."

As to the opening of abscesses, a cold abscess really means little in itself other than that there is a focus of disease producing the sterile material contained therein. I have seen dozens increasing the circumference of the limb three times its normal size, entirely disappear when more accurate immobilization of the diseased joint was obtained, with no detrimental effect on the children from the absorption of the contents. If you open these abscesses which are sterile and leave them open to drain you are certain to get a mixed infection with the possibility of amyloid degeneration and a fatal result whereas if these abscesses can be kept closed and the diseased bone focus carefully treated little trouble can be anticipated from the abscess.

Operating on tuberculous joints in children should be avoided if possible as this has been found less serviceable than conservative treatment. In adults, in the chronic stage, here we find less body resistance in combatting the disease, certain operations in properly selected cases shortens the period of the convalescence.

In regard to the treatment of flat foot cases with plates, I would say that I never use a plate if I operate. There would be no reason for operating if we had to use plates afterward. The benefits derived from the operation is that there is a permanent cure of the painful flat foot and the patient no longer has to resort to any external support or specially made

shoe and there is no possibility of a relapse of the former painful disability. The treatment of flat foot by any specially constructed shoe is to say the least a continuous procedure. We find the patient trying every type and make of shoe advocated and for the really pronounced painful flat foot they are of little relief and they do not care.

The use of plates only applies to recent cases and should only be used as we use a splint for a fracture. To be gotten rid of as soon as possible as the chronic plate wearing only makes a bad matter worse in the last analysis.

(We regret the omission of Dr. Sexsmith's discussion. The stenographer's report of it was lost during his month's vacation absence from home.—Editor.)

THE ELECTROCARDIOGRAPH AND ITS CLINICAL APPLICATION.*

By **Harvey M. Ewing, M.D.,**

Newark, N. J.

Whenever a nerve conducts an impulse or a muscle contracts, chemical processes accompany this activity and one resultant is electricity. In the case of muscle, the muscle strip of the physiological laboratory serves as an illustration. If such a section of muscle is stimulated at one end a wave of contraction flows across the strip and accompanying this contraction is a wave of electrical negativity, so that the contracting portion is electrically negative to all other parts of the muscle. If wires are attached to the end of the muscle strip and to a galvanometer, this electric current can be recorded and measured. Now this same thing occurs in the heart, but necessarily in a much more complicated form.

The electrocardiograph consists of a very delicate string galvanometer and a recording apparatus. The galvanometer is composed of a high-powered electromagnet between the poles of which is suspended a very fine fibre of conducting material. Through this string pass the electric currents from the heart and according to the old law of physics relating to a conductor in a magnetic field, the string will be deviated in one or the other direction, the extent and character of the deviation depending principally upon the strength of the current from the heart, its direction of flow and its duration. The movements of this string are projected by a strong light through a series of lenses upon a moving sensitized film

which photographs the resulting curve.

Here then we have a graphic representation of one of the immediate results of the chemical processes involved in excitation, conduction, and contraction of the heart and it follows that pathologic processes that alter these fundamental properties must produce alterations in the resulting electric current, and hence variations from the normal in the electrocardiographic curve. The electrocardiograph does not diagnose valvular lesions, nor is it necessary to have an instrument for this purpose other than the stethoscope, and indeed many murmurs are heard only or best with the unaided ear. One exception to this is mitral stenosis, but the curve that is considered typical of this lesion is not due to the valvular deformity but to the accompanying myocardial changes. Nor does the electrocardiograph, at present, give a measure of the functional capacity of the heart and this fact has prevented a goodly number of men from seeing the real value of the instrument. The x-ray showing a typical picture of pulmonary tuberculosis gives you no conception of the functional capacity of the lungs, yet its true value in confirming clinical findings is unquestioned. We have other methods of estimating functional capacity in heart disease, such as the exercise tolerance test as developed by Barringer, the use of the spirometer in measuring vital capacity following Christian's and Peabody's observations and clinical observation of the patient. When these two problems are eliminated from consideration we have left all the rest of cardiac pathology and most of it is capable of being clarified by or is dependent entirely for diagnosis upon the electrocardiograph.

In this group we shall mention briefly the tachycardias, the host of irregularities of rhythm, the various degrees of heart block and the diseases of myocardium and coronary arteries. Tachycardia is usually a simple, rapid regular beating of the heart. If the tachycardia begins suddenly and after a variable period of time stops as suddenly as it commenced it is spoken of as paroxysmal tachycardia. The electrocardiograph shows this form to be due to the origin of the impulse in an ectopic focus in the auricles and not in the sinus node. A rapid pulse may be due to the alternation of normal beats and beats from an abnormal focus and the true condition be not appreciable

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without an electrocardiogram. An apparent tachycardia may be really an auricular flutter with a high degree of block which would be rather an important differentiation to make.

The irregularities of cardiac rhythm are apt to be alarming and are notoriously puzzling. They are described by the patient and frequently by the physician as dropped beats, fluttering of the heart or some other indefinite term is used. In the electrocardiogram is spread before us in clear characters a record of just what is occurring during an arrhythmia, making possible an accurate diagnosis, and of course, rational treatment is then comparatively easy. Sinus arrhythmia is a frequent finding, especially in the young and has no pathological importance. It manifests itself clinically by a rhythmic acceleration and slowing of the heart rate and is probably dependent upon changes in vagus tone. It is clearly shown in the electrocardiogram. Premature contractions, especially of ventricular origin, constitute one of the commonest irregularities. These abnormal beats are due to impulses arising at some point in the musculature or conduction system which has become hyper-irritable. These beats come in shortly after a normal contraction and are followed by a diastole longer than normal and which seems to one feeling the pulse, as though a beat were skipped. They are frequently felt distinctly by the patient and make a very vivid impression upon his mind. Not only may they arise in the ventricles, but their point of origin may be in the auricles or junctional tissues between auricles and ventricles. At times premature contractions may occur rhythmically, every other contraction being of this nature and the resemblance of this combination to tachycardia has been described before. Pulsus alternans may be simulated when every other contraction is from an ectopic focus and of different force from the normal. The importance of the differentiation in this situation is apparent.

Premature or ectopic contractions are in most instances not of serious import as far as we know now, although they are frequently associated with almost all serious disorders of the myocardium. Toxines will cause them such as, tobacco, digitalis, those attendant upon chronic infectious processes, tiredness from overwork or worry and a variety of transient conditions. Multiple premature or ec-

topic contractions arising from different foci may give a pulse which seems to be totally irregular and cannot be told clinically from auricular fibrillation. On the other hand auricular fibrillation may be paroxysmal with intervals of normal rhythm, and a rapid ventricular rate during the fibrillation so obscure the irregularity as to make the differentiation from paroxysmal tachycardia difficult or impossible without an electrocardiogram. Treatment of the two conditions is, of course, entirely different.

Auricular fibrillation gives a very definite electrocardiogram. The auricles in auricular fibrillation are apparently attempting to respond to the impulses originating in a multitude of different foci and the result is a rapid totally irregular contraction of the auricles and since the ventricles are only capable of a certain number of contractions per minute they respond with a rapid but slower rate than that of the auricles. Furthermore, as the impulses from the auricles vary in rhythm, rate and intensity, the resulting ventricular contractions vary in rhythm, rate and force. This of course impairs the heart's pumping capacity with resulting circulatory stagnation. In older subjects the symptoms may be unimpressive. The electrocardiograph makes this diagnosis certain as it does also in the case of auricular flutter. In the latter condition the auricles are beating rapidly but regularly at a rate over two hundred per minute and sometimes in the neighborhood of three hundred times per minute. The ventricles being unable to contract so rapidly commonly respond with a rate of half that of the auricles or a still greater discrepancy may exist with a four to one, three to one rhythm, or some such combination. Whether one is dealing with a tachycardia or flutter is decided at once by the electrocardiograph.

The time consumed between the beginning of the contraction impulse in the sinoauricular node until the beginning of ventricular activity can be very accurately measured by the electrocardiograph and normally is less than $\frac{1}{5}$ second. If it is more than $\frac{1}{5}$ second we know that something is delaying the passage of the impulse between auricles and ventricles and we call this condition heart block. All degrees of heart block occur depending upon the extent of this interference with the passage of the impulse. In the less complete blocks there

may be only a slow transmission of the impulse and a perfectly normal rhythm, in which case there will then be no clue to the condition clinically. If the block progresses further, one impulse here and there will fail to get through to the ventricles and no ventricular contraction will occur. This may be called a real dropped beat in a contradistinction to the apparent dropped beat of the ventricular extrasystole. Dropping of beats goes on until there may be a regular skipping of every other beat giving a two to one or three to one rhythm and finally a complete block may occur when no impulses are transmitted from auricles to ventricles and each beat independently and at their own rate. Another interesting variation is manifested by a progressive lengthening of the contraction time until an impulse fails to get through. Following this dropped beat the conducting mechanism resumes its function more efficiently after its rest and the gradual lengthening of interval is repeated until it again fails to conduct the impulse. Auriculo-ventricular block is therefore partial or complete with many variations. It occurs with many of the severe acute infections, sometimes clearing up and sometimes persisting, but the condition is perhaps most often seen in company with the myocardial, degenerative changes. It is important to know of the existence of the condition and whether it is transitory or permanent and if permanent whether stationary or progressive and this information can be had accurately by the use of the electrocardiograph. The conduction abnormalities as expressed in the various degrees of delayed A. V. conduction and partial block are not to be diagnosed easily clinically nor are the myocardial changes capable of clinical recognition in many cases.

The myocardium is one of the most essential parts of the cardiac mechanism and has proved a baffling subject for clinical investigation, although the diagnosis of myocarditis has been made with great frequency. The most recent investigations with the electrocardiograph naturally have to do with myocardial abnormalities and since the operation of the instrument depends upon action currents produced by activity of the heart muscle, this promises to be the field in which the electrocardiograph will prove of greatest value. Much investigation remains to be done along this line although we already

recognize certain abnormal curves showing variations in the Q. R. S. group and certain changes in the T-wave as pointing to myocardial degenerative processes and these conclusions have been substantiated by post mortem findings and by animal experiments. I do not mean to say that every case in which we think some myocardial disease is present or ought to be present will show diagnostic electrocardiographic curves. It may well be that the electrocardiograph does show abnormalities of form in every case of myocardial disease but that we are still unable to recognize these changes, for this method of investigation is very new and most of our present knowledge concerning it has been acquired well within the last ten years. On the other hand the electrocardiograph often diagnosis myocardial disease when the clinical evidence is uncertain. It also frequently shows myocardial changes when they are due to toxic influence and it is of great value in following such a case when it shows the return of the abnormal curve to normal, indicating that the myocardial change was temporary. Work as yet unpublished makes it seem practically certain that this instrument will be of great value in diagnosing coronary disease, a heretofore baffling problem.

The changes ordinarily taken to show myocardial disease consist of widening the Q. R. S. group beyond the normal duration of $1/12$ second, and notching of one or more of the members of the group in more than one lead; these changes indicating that the spread of the current through the ventricular muscle has been interfered with and has passed along more devious paths due to changed resistance in the normal path. Changes in the T-wave and in its relation to the Q. R. S. group also are taken to mean myocardial abnormalities with or without coronary disease. In all these cases digitalis must be eliminated as a factor for it can produce all sorts of bizarre electrocardiograms.

This brings to our attention another use for the electrocardiograph and that is in checking digitalis therapy. One can tell by watching the electrocardiogram when the patient's heart has come under the influence of digitalis before or in the entire absence of clinical evidence. Some men have been dissatisfied with the electrocardiograph because it did not show definite myocardial changes in every case

of heart disease. This is unjust to a diagnostic agent which is still in its infancy. I believe that the diagnosis of heart disease, and especially myocarditis, has been made in the past and often is still being made on very slender evidence and often upon evidence misinterpreted. We all know now that every case in which we hear a murmur over the heart is not a case even of valvular disease much less of myocardial disease. And in many cases with symptoms of cardiac insufficiency the cause of these symptoms are extracardiac. We know that endocrine disturbance as seen especially in hyperthyroidism gives very convincing cardiac symptoms. In the cases of neurocirculatory asthenia the symptoms are predominantly cardiac as are also those in a variety of cases with an active focus of toxic absorption. These groups form a considerable percentage of a class of patients whose chief complaint is of cardiac symptoms and which are easily diagnosed as myocardial unless a thorough search for the true fundamental lesion is made and such cases will give negative electrocardiograms. Even where the endocarditis which has produced real valvular disease has also affected the myocardium or where the myocardium has suffered alone, we do not always get electrocardiographic evidence of that damage and cases have died of what was apparently true angina pectoris that gave normal electrocardiograms.

The electrocardiograph is not omnipotent nor does it in any sense replace careful clinical study in the diagnosis of heart disease, but it does furnish definite aid in the study of cardiac disorders, both in its positive and in its negative findings. As I have said before we do not feel that it is possible at present to read all the evidence presented by the apparatus, but it is our belief that a few years hence we will be able to make more diagnoses of myocardial disease and coronary disease with its aid. Certainly the possibilities are far from being exhausted and the rapid advance of our knowledge of heart disease by the aid of this instrument in the past few years opens before us still greater possibilities in the future.

Summary—The electrocardiograph will diagnose:

1. The arrhythmias, some of which cannot be diagnosed clinically.
2. The various types and degrees of block.

3. Myocardial disease in a constantly increasing number of cases.

4. The instrument is of value checking therapy, especially when digitalis is being used.

5. The electrocardiograph should not be considered a separate diagnostic agent but a valuable aid in the study of heart disease.

DISCUSSION.

Dr. Louis N. Blank, Newark: There is one thing that I wish to call attention to, that Dr. McKenzie has demonstrated, that a simultaneous contraction of the ventricle and auricle is one of the most important signs of impending death. This was solely a muscular contraction, and had nothing to do with the bundle of His. It is very rare to have recovery when this sign is present and decided improvement is only temporary. Another thing to which I would call attention is a lymphatic pulse, showing a weakness and dilatation of the auricle. It can be demonstrated possibly by the polygraph. I do not believe that it can be by the electrocardiograph.

PAGES FROM A MEDICAL HISTORY COLLECTOR'S NOTEBOOK.*

William S. Disbrow, M.D.,

Newark, N. J.

Some time ago, I was asked by your committee to write something which would be of interest to the society. They further remarked that it did not have to be much of an article, for the reason that most of the members would be enjoying themselves elsewhere, and they just thought that I would be the one to "deliver the goods." Many of you, perhaps, know that the salvage of material of medical interest has occupied considerable of my time for quite a number of years, and it is my firm belief that the scrap metal heap receives daily, material which the medical museums will seek for in vain in the future, and the pulp mill is ceaselessly beating into "stock" medical literary material of priceless value, to make cardboard.

"The intuition of the true investigator and pathfinder of today, and tomorrow, must find its own way to new guiding principles from the work of yesterday, before yesterday, and the distant past." (Sudhoff).

My plea today is for you all to help; in general to save anything which per-

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tains to our art, and in particular any fragment of New Jersey medical history which will help to its completion. If you will observe carefully the state notes in the Journal of the American Medical Association, you will think that our State was not in existence, so meagre are the references. Yet history is being made in our State, observations recorded, and as good men are at work as anywhere. Why not root for New Jersey and its history? And note that the ephemera of today may be historical tomorrow.

Some interesting experiences are accumulated which may serve as guide posts to those inexperienced. During my early years as a clerk in a pharmacy (1876), I was sent to deliver something to a nearby physician. In his office hung a print, Harvey demonstrating the circulation of the blood; a print well known to you all in some form. As I looked at it I mentally said that I hoped sometime to own one. Years rolled by and still I kept my eyes on that picture, till after years, and its owner was growing aged, and I was just shooting out as a physician, we met at a hotel in the mountains of Pennsylvania—unexpectedly—and I remarked, "Doctor, how is my Harvey picture?" He said, "Will, it is still there." "Well, I'm waiting for you to die you know," I said, with that delicacy of professional interest so common to a real collector. "It's yours when I'm gone," he exclaimed.

A short time after, the good old doctor was found dead in bed with no reason for judicial investigation. I did not kill him. After waiting some weeks to show a little decency, I went to the house to get the picture, but not yet. His widow had given it away with all the rest of his "stuff" as she called it, to some of the refuse gatherers of our city and she did not know to which one she had given it. After searching among all of them I located it at one of the retreats for prostatic old men where it had settled down amid its ammoniacal surroundings to await its further fortunes. After thirty years I carried it home triumphantly. It now graces our Academy walls.

Some time ago while rummaging through one of the old book stores of Newark I came across one of those short thick volumes with parchment bindings, curled by age and drying and printed in German, the title of which was "Scarpa: Anatomy of Hernia, Halle, 1813." It con-

sisted of the text only; what had become of the plates I did not know. I treasured it like a bibliomaniac, hoping that sometime those illustrations would materialize. Years after, thinking that it might be of some use to someone else, I included it in a list of books with which I might tempt the library of the Surgeon General's Office. To my great surprise came a very gracious letter: "Scarpa's Anatomy, Halle, 1813. Of this the library possesses only the plates and I should be very glad indeed if you could let me have the text of the work." At last after years of separation I was the means of rejoining the Scarpa family. This incident was the beginning of years of the greatest pleasure of my life, that of adding to that glorious storehouse of medical literature, the Library of the Surgeon General's Office at Washington. Upon finding a "suspicious volume," my first thought is, is it in the Surgeon General's Library? If not, it should be there, for what you give it, you give to the world, and all are welcome to its portals and treasures. Anyone who possesses a volume that is wanted there, and who wilfully and deliberately dies without making provision for its being there deposited, should be so ashamed of himself that he would turn on his belly that his face would not show his post mortem satisfaction.

I have implied that at times it would be necessary to remove a book lover from the treasured volume by physical force if by no other means, in fact all kinds of incantations to that effect are carried out. To illustrate, a well known librarian of a very large medical institution told me that there was a copy of the famous Herbal of Gerard, 1636, in the possession of a man in his city and that they had hopes of securing it at his death, and aside he whispered, "I wish he would hurry up and die." I showed him the copy in my library, one which had come into my possession honorably, with that famous bait, the "yellow back." He looked at me, and again looked, and I watched him, with my back to the wall.

While looking for Orfila's work on toxicology, I told my book dealer to secure anything on poisons. Some time afterward he gleefully told me that he had obtained for me a beautiful book on the poisons of Canada, which would soon arrive. I replied that I could not understand the reason why Canada's poisons differed from those of other countries.

But he could give no other information but that it was a "beaut" and full of pictures. To my surprise and his chagrin it proved to be a beautiful fish book, *Poissons de Canada*. He stated in his characteristic mode of speech, "That extra 's,' doctor, makes a hell of a difference, don't it?"

In a garret in the lower part of our State was found a veritable treasure trove, a small wagon load. A few may be mentioned: *Theophili Boneti, Medicina Septentrionalis*, Geneva, 1685; *Tabulae Anatomae, Bartolomaei Eustachii*, Amsterdam, 1722; *Opera Posthuma Marcelli Malpighii*, London, 1697; and *Speculum Hippocraticum*, a beautiful book in a worthy binding, with the ex-libris of Dr. Henri Ios, whose six rayed star and pecten is posted above that of John Randolph of Roanoke, a five pointed star and the stripes of his country's flag. "All the big ones at ten cents apiece; the little ones you can have for five cents each, Mister, undusted." You can depend upon my word that I dusted. Many more of like character, too numerous to mention, were found in this lot.

I found in an old barrel, "Richard Saunder's *Physiognomie and Chiromancie*," with his treatise on "The Moles of the Body of Man and Woman, 1670"; and "Curus Triumphalis Antimonii, Basilius Valentinus, 1646." The latter is now in the Congressional Library.

Many of the early imprints are valuable and hard to obtain, and such early journals as Hay's; N. J. Medical and Surgical Reporter; Philadelphia Medical and Physical Journal; Coxe's Medical Museum; Rush's Medical Observations; Medical Repository; New England Medical Journal; Medical and Chirurgical Review, and many others are very acceptable, the early numbers especially.

I found Beaumont's "Experiments on Gastric Digestion," Plattsburg, N. Y., 1822, in a bundle of books with a very tempting tag, twenty-five cents. The plain unassuming paper label seemed to be promising, and it so proved. This volume brought me in contact with Dr. Fielding H. Garrison of the Surgeon General's Office, whose knowledge of medical history is so well exemplified in his *Medical History*. But to appreciate the book you should know the author.

During a visit to Washington I asked him if he had heard of Beaumont's experiments on Alexis St. John. He very po-

litely said, "No, but I have of those on St. Clair." Neither of us seemed as though we were quite right and that Beaumont had worked on the right Saint, so after a moment's reflection he remarked it was Saint Martin. It was just his way of letting me down easy.

Since that time I have been a "steady" at the library and have considered it almost my personal property. I have taken great pleasure in helping the good work. Of course I have had to keep a few books until my decease, and to show the kindly interest our acquaintance has produced, they take our local newspaper for its obituary notices so as to be promptly informed of that event. Then to the Congressional limited to Newark to secure the rest of them, after which I will only be known by a label or "ex-libris."

As sport, book collecting is some game. The element of chance, the watchful waiting, the trailing of a volume to its hiding place, and its capture. Then there is some real deviltry associated with it, the tearing down of some writer's idols, a presumably finished work shown to be full of imperfections. A little unknown volume, "Baker, An attempt towards a natural history of the polyps, 1743," was one of the causes for a second edition of a well-known medical history, and the securing of new material for my dear friend, Dr. Geo. P. Merrill, of the National Museum, made it imperative for him to rewrite his contribution to a *History of American Geology*.

Please do not think that I ask you to think "old" in collecting. Go to the Surgeon General's Library and let Dr. Felix Neumann take you about. He will permit you to touch and smoothe some of its treasures. It may be some mean looking pamphlet whose author starved or went blind in its production, that a thought might be planted whose fruition was for the healing of the nations. Take off your hat for you stand before a monument greater than that of the primitive rock. Speak kindly for you speak of his friends.

In conclusion let me beg of you to collect while it is possible anything of interest to our art. Send lists of any questionable material to the Surgeon General's Office. They want more than you think, and have less money than you imagine, and don't forget that every day of your professional career you have been helped, directly or indirectly to be

better informed individuals through its immense and glorious work. Let us centralize the best of everything there, where it will secure proper care, remembering it is yours, and what is yours there becomes a heritage to all, and then if you so wish, different collections may be formed in other localities not as competitors—but as helpers.

CLOUDY URINE.*

Burtis M. Hance, M.D.,

Easton, Penna.

I have been asked to discourse to this Society on Diagnosis and Treatment of Diseases of the Bladder and Genitalia. The time allotted will not permit one to go into detail in describing the very numerous pathological conditions that we find in these parts. So, rather than attempt to give a comprehensive description of each separate condition I have taken upon myself to give an outline of the manner in which we try to arrive at a correct diagnosis.

In diseases of the urinary and genital system we have certain prominent symptoms, both objective and subjective. Probably the commonest and most important objective symptom that we meet is a Cloudy Urine, therefore the subject of this paper will be a Cloudy Urine.

When I see a cloudy urine I think of eight elementary causes. Naming them in their order of frequency, they are: 1, Phosphates; 2, Urates; 3, Bacteria; 4, Pus; 5, Blood; 6, Mucus; 7, Haemoglobin; 8, Chyle.

Phosphates and urates are not of sufficient importance to take up our time here except to say that it is imperative to ascertain their presence or absence.

Sometimes after a careful search of a cloudy urine we are unable to find anything but bacteria, usually of the colon group. We conclude there is no pathology in these cases. Personally I believe they should be observed for six months, or until the urine gives a negative culture.

When we centrifuge a urine and discover that it contains a great or small quantity of pus, we think of the conditions that might cause this pus to be present. Taking them up from before back-

wards we have: 1, Phimotic prepuce; 2, urethritis, anterior or complete; 3, prostatitis and seminal vesiculitis; 4, cystitis from whatever cause; 5, ureteritis and pyelitis; 6, perinephritic abscess; T. B. kidney.

I have seen a case of Balana-posthitis where the causative organism was the gonococcus. The urine was cloudy. The part was washed with soap and water and soaked in a two per cent. protargol solution for ten minutes. The one treatment produced a cure. There was no urethritis. The urine which did contain pus at first was clear after this one treatment and remained so.

2. The diagnosis of urethritis is not difficult. Neither will I discuss the treatment of a condition that you are all so familiar with.

3. We diagnose prostatitis and seminal vesiculitis by examining the expressed secretion. An infected prostate does not secrete lecithin, therefore with a high percentage of lecithin, say 80 to 98%, you can safely tell the patient that his prostate is free from infection. Seminal vesiculitis is diagnosed in much the same manner. Note the activity of the spermatozoa and the presence or absence of blood and blood cells. The treatment is massage and the prognosis is good if the treatment is persisted in.

4. Of course cystitis will cause a cloudy urine, but cystitis, like a cloudy urine, is but a symptom of some other disease. The causes of cystitis are many. Among them is the gonococcus which seldom invades the bladder proper, but is usually confined to the trigone and bladder neck. The next most frequent is pyelitis ureteritis and these two conditions would take in pyelonephritis and T. B. kidney. Tumors of the bladder and stone are frequent causes of this disagreeable symptom. Any obstruction to urination will cause the bladder to become irritated by decomposition of urine. The results of a diverticulum are similar to the results of obstruction because there is always a residual. In any case of cystitis, except that which is due to a very acute infection, the cystoscope should be used because that is the only way in which one can arrive at a correct diagnosis. I feel that it is every physician's and surgeon's duty, when he sees a cloudy urine, to discover if the cloud is due to pus, and if so, ascertain if possible the

*Read before the Washington Society of Clinical Medicine June 17, 1921.

source. In taking up the treatment of cystitis all I can say is, find the cause and if possible remove it.

5. We now come to the fifth elementary cause of a cloudy urine. Blood may be found by the aid of the microscope—it may be microscopic or it may be occult, but in whatever way you find it in a patient's urine, satisfy yourself always if possible to do so, as to the source. To help us in our problem at hand we have the following conditions to think of as possible causes of the hemorrhage:

1, Acute general infections; 2, infarcts of the kidney; 3, cyanotic kidney; 4, protozoa; 5, drugs; 6, nephritides.

This first group of six causes of haematuria are of the most interest to the internist so I will make no further mention of them.

The list of diseases that are of interest to the urologist are: 1, Trauma; 2, tumors; 3, verumontanitis and cystitis colli; 4, calculi; 5, ulcers; 6, tuberculosis; 7, cystitis from whatever cause; 8, benign prostatic hypertrophy; 9, prostatic carcinoma; 10, stricture of the ureter; 11, stricture of the urethra; 12, chancre of the urethra; 13, foreign bodies; 14, essential or idopathic hematuria; 15, haemoglobinuria or frost hematuria.

1. Trauma to the urinary tract is a frequent cause of bleeding. The most usual form of trauma I think is instrumentation.

2. Tumors are the most frequent cause of gross hemorrhage from the urinary tract. The commonest type that we meet is the papaloma which sooner or later becomes malignant. A painless hemorrhage from the urethra is suggestive of tumor of the bladder. Interrupted hemorrhages, frequent urination—due to a lessened bladder capacity; a sense of heaviness; anemia, if there is much bleeding; ball valve sometimes and not much pain are symptoms of papaloma of the bladder or urethra. There is considerable pain associated with the malignant growths and late they bleed very profusely. The symptoms which I have just enumerated do not prove the presence of a tumor of the bladder but they do warrant a cystoscopic examination and that is what we do to verify our suspicions. Fulguration is the best treatment that we have up to the present time. The x-ray and radium have been used with some success, while some men advise excision with the cautery knife. The only type of

bladder growth that the fulguration does not seem to do any good is an infiltrating carcinoma, and I have never seen anything else do any good in these cases, so I recommend the electric wire in all cases.

3. Verumontanitis and cystitis colli show blood as a terminal hematuria. The history helps to diagnose this condition. These patients nearly always develop granulations in the posterior urethra and the treatment is to apply twenty-five per cent. silver nitrate through the endoscope.

4. As I have classified the causes of hematuria, we now come to stone. I don't think it will interest us particularly to discuss the various types of calculi. Where there is stone, there is pain at least part of the time. Frequency of urination is of considerable prominence here. The pain is the worse just at the end of micturition as the bladder contracts on the stone. When the patient is quiet the pain is less except where there is abscess of the bladder wall as a result of the traumatism of the stone. Like tumors of the bladder, first we have our suspicions aroused and then we make a cystoscopic examination. For diagnosing a stone in the bladder the cystoscope is final. With stone in the ureter or kidney we resort to the x-ray and wax tipped catheters. The treatment of stone lodged in the urinary tract is surgical. The lithotrite is an instrument of the past.

5. A very frequent cause of hematuria is an ulcer of the bladder. The types of ulcers are colon, traumatic, typhoid, solitary ulcer of Fenwick, syphilitic ulcers, elusive ulcers or Hunner's ulcer, simple pyogenic ulcers, tuberculosis ulcers, acute perforating ulcers and carcinomatous ulcerations. In any ulceration of the bladder, the bladder capacity is lessened on account of the pain due to stretching. Therefore frequency and pain are prominent symptoms. The cystoscope is our only means of diagnosing them.

The solitary ulcer of Fenwick, Hunner's ulcer and the acute perforating ulcers all require surgical attention. Sometimes carcinomatous ulcerations become so painful that the surgeon transplants the ureters as a palliative measure. Simple pyogenic ulcers yield to vesical irrigation. The tuberculosis ulcers will heal if the focus above is removed.

6. Tuberculosis is the commonest infection causing hematuria. It is diagnosed by finding the bacillus of tubercu-

losis in the urine or by the inoculation of guinea pigs. The symptoms that calls tuberculosis to our attention are an intermittently cloudy urine, burning, frequency, polyuria, urgency, and nycturia in a patient under thirty-five years of age. A tuberculosis bladder rebels at irrigation. A stormy cystitis without any history of infection should cause one to think of tuberculosis as a probable cause of the bleeding. The cystoscope will tell the tale in most instances.

The treatment is to remove the kidney involved. If they are both infected, but one still has a good function, remove the poorest one. We get 70 per cent. of cures in these cases and my solution is that the host has built up an immunity which is able to nearly take care of the infection present. Remove the largest focus of infection and the immunity that has been developed will take care of the greater lessened focus of infection that is left behind.

7. Cystitis will cause blood to appear in the urine. But cystitis is discussed in taking up other causes of hematuria.

8. Benign prostatic hypertrophy frequently causes blood to appear in the urine in its first stages. The treatment is to wait for the second stage and then operate. The reason one should wait is that the adenoma is too difficult to enucleate at this time. Never let it reach the third stage.

9. In prostatic carcinoma there is a constant oozing late in the course of the disease and sometimes the bleeding is very profuse. I think radium is the only treatment that has produced any results in this condition. It is very difficult to make a diagnosis here in time for surgical intervention to be of any benefit.

10. A stricture of the ureter will cause hematuria of a mild nature. As the symptoms of this condition are mostly vesical, I will discuss it briefly. Dr. Hunner informs the medical profession it is the commonest and most important condition met with in the abdomen. Experience has taught us that we should suspect stricture in any patient complaining of obscure abdominal symptoms, particularly in the lower when accompanied by referred pains in the hips and thighs. Ureteral stricture is diagnosed by means of the wax bulb catheter. They are treated in the same way unless you are unable to get through with anything, when a retrograde catheterization is done. The prog-

nosis is good if they are diagnosed early enough.

11. A stricture of the urethra is really a healing or a healed ulcer so one can readily see that they might cause hematuria. The diagnosis is made by the history of burning and difficult urination. The Otis bulb completes the diagnosis. The treatment is gradual dilatation, unless you are unable to get through with anything, in which case an external uretrotomy is indicated.

12. A chancre of the urethra is a comparatively rare condition. I have seen a few. They are suspected by the character of the discharge, which is of a serious nature, tinged with blood. They are not very painful and do not cause obstruction as one would suppose. The diagnosis is made with the Dark Field Illuminator. To me one of the most satisfactory things in medicine is to diagnose syphilis while the blood is still negative and to be able to start treatment with this wonderful advantage.

13. Most of the foreign bodies found in the bladder or urethra become lodged there by mistake. The greatest number are seen in nymphomaniacs. In New York I discovered a filiform in the bladder. This patient had been treated by several physicians and evidently one of them had lost a filiform, possibly without his knowledge. It was removed through the operating cystoscope.

14. Essential or idiopathic hematuria is the name we apply when we are unable to account for the hemorrhage.

15. Hemoglobinuria or Frost hematuria is a condition met with in persons suffering from a dissolution between the red cell stroma and its coloring matter due to cold and dampness. When the patient is warmed and dried the urine will clear and by even immersing of the feet in cold water the hemoglobin will reappear in the urine. This concludes our discussion of blood in the urine.

We now come to the sixth elementary cause of a cloudy urine—which is mucous. Where there is an excessive amount of mucous in the urine we think of stone in the bladder—a severe infection behind an obstruction and it is seen in some cases of tuberculosis. I think that in most instances you will find that you have a surgical case on your hands.

Hemoglobinuria has been taken up under hematuria.

The last element on the list is chyle.

It doesn't interest us in this climate. Its cause is the *Falaria Sanguinis Hominis*.

Before ending I want to emphasize a few facts. A few red blood cells may be significant of grave pathology. Albumin and casts do not necessarily mean parenchymatous nephritis, because they may be from one kidney, due to absorption of toxic material from a pus kidney on the opposite side. Stricture of the ureter is not a rare condition. Never apply any form of mercury to an ulcer on the penis until you have made a positive diagnosis. Don't depend on secondary lesions for a diagnosis. They may never have any secondaries. When bladder symptoms puzzle you don't guess—look in.

THE MEDICAL SOCIETY.*

By J. A. McCulloch, M.D.,

Nashville, Tenn.

Kipling once said that there are only two classes of mankind in this world—doctors and patients. Since my audience is composed chiefly of the former class, I shall address my remarks to them in particular.

The members of the medical profession are generally regarded as a class of men who stand shoulder to shoulder in the various phases of their work. Experience has proven that this state of affairs is not only desirable, but essential to the members of the profession in connection with their work, and to their patients as well, and it may be stated, too, that the laity has given this idea of close co-operation on the part of the physicians of the country the stamp of their approval.

The idea of medical organization dates back to many years ago, and was only a natural result of the experience of our forefathers in the profession, in which the need of organization was so well recognized. Today it is generally admitted that there is no class of individuals who are bound together in a great profession more closely than are the physicians of the country. Any body of individuals organized for mutual benefit and counsel must of a necessity be of benefit to the various members of such

an organization, and it is very probable that the members of the various organized associations throughout the country appreciate to the fullest extent their membership in these organizations.

The real purpose of an organization such as a medical society is to federate and bring together into one compact organization the entire medical profession of a given community, with a view to the extension of medical knowledge and to the advancement of medical science; to the promotion of friendly intercourse among physicians; to the guarding and fostering of their material interests, and to the enlightenment and direction of public opinion in regard to the great problems of state medicine, so that the profession shall become more capable and honorable within itself, and more useful to the public in the prevention and cure of disease, and in prolonging and adding comfort to life.

It should be easy to appreciate the value of the opportunity of the physicians of a community being able through their organizations to meet each other personally and to learn to know each other better. It is said that every man bears acquaintance, and this is certainly true of physicians generally.

Since it is admitted that human life and health are the most valuable assets of the country, it is only natural that those of us who are charged with the supervision of the health of the citizenship of the country should be allowed the privilege of adopting the most practical methods at our disposal in order to successfully perform the highly responsible service that is required of us. Nothing short of our very best efforts are expected, and as a result, we should make the most of our associations together.

Experience has shown that by a united effort we are able to bring about results far more favorable than might be obtained in any other manner, and in our medical society we are given that opportunity. The value of the medical society is hardly to be over-estimated, as on it the whole superstructure of organized medicine is based.

It goes without saying that the members of the profession in every community should affiliate with some medical organization, beginning with their local society by all means; however, there are men in every community who appear to be indifferent to the good that is to be

*Read at meeting of East Tennessee Medical Association at Maryville, Nov., 1921; published in the *Tenn. Med. Jour.*

obtained by actively identifying themselves with their local medical society. This indifference of the non-member to his fellow practitioner is often characterized by a like indifference to his community and its interests, and the usual results are that this kind of a man becomes selfish and self-centered, is critical of others, jealous of his fellow practitioner, and is apt to be carried along by the ship of state simply as ballast.

It is unfortunate that many good men get into that sort of a rut which leads only to the "drying up" period in their life, and oftentimes all on account of their indifference to everything except the almighty dollar. It is for this particular type of a man that the medical society can perform a real service. If this man can be induced to take one night off each week, and spend this with his fellow-practitioners, taking an active part in their deliberations, he will soon be found to be giving more time to study and reading, will be found endeavoring to put into practice the newest and most approved methods of combatting disease, his attitude towards his fellow-practitioners will have changed, and he will in fact be found to have taken a new vision of life insofar as his work is concerned. One of the results that is to be obtained from awakening a new interest in such a man is that other members of the profession with whom he comes in contact are also shown to be developing a new interest in the society's work, and it is not an unusual thing to see a real revival of interest among the physicians of a community in connection with their work.

These and many more good reasons might be given to justify the existence of the medical society; however, in the opinion of the writer, the general idea of developing and improving the social relations among the men of the profession is of so much importance and means so much to the members themselves from this viewpoint alone, that that should be sufficient incentive to enthusiastic endeavor to bring about such results.

Looking back over the years that we have been privileged to practice our profession, it should be with a feeling of intense gratitude that we have been permitted to be active servants, working in the interest of those to whom we are called to administer. We should appreciate the fact that we have the opportunities that come to us in our everyday

sick and suffering, but for each other, thus work of doing something not only for the endeavoring to make the burden of our work lighter, and being able to derive a real pleasure from its performance.

We should work together and not singly, because singly we are weak and incapable of any great accomplishment, but working together we are often able to accomplish what is sometimes called the impossible.

We should study and practice our profession to engender as a principle of life the thought that our brother practitioner is an active co-operator, and be willing to give to him the same consideration that we would ask for ourselves.

We should have a fixed purpose in our work and life, and be willing to shoulder our share of the burden of the day, and not be simply standing by and looking on, but with Whittier, endeavor to

"Live for something, have a purpose,
And that purpose keep in view.
Drifting like a helpless vessel,
Thou canst ne'er be true.
Half the wrecks that strew life's ocean,
If some star had been their guide,
Might have now been riding safely,
But they drifted with the tide."

Clinical Reports.

TWO CASES OF FOREIGN BODIES IN THE BRONCHUS.

FILBERT NUT SHELL AND A CARPET
TACK SUCCESSFULLY REMOVED BY
PERORAL ENDOSCOPY.

By Henry Boylan Orton, M.D.,

Newark, N. J.

The first case that of L. F., colored, age 7, was admitted to the Newark City Hospital April 24, 1921, with the history of having swallowed or aspirated a filbert nut shell.

Past History: General health good; had measles, chicken pox and mumps. Present trouble: On April 22nd patient had a piece of filbert nut shell in her mouth when she suddenly inhaled it causing a severe choking spell which subsided. Two days later child was admitted to the hospital. The physical examination at the hospital by Drs. Dowd and Weiss found patient coughing at intervals, nothing of note in the pharynx; some retraction of suprasternal notch; temperature

101, pulse 130, respiration 22. On percussion right chest more resonant than left, entire chest filled with dry rales and wheezing, moist rales on the right side. X-ray taken showed a slight cloudiness on the right side. Temperature on the next day 100, pulse 110, respirations, 24.

At the City Hospital on April 25th, 1921, a bronchoscopy was done without anesthesia, local or general; using a 7 mm. Jackson tube, passed down to right main bronchus. There was a diffuse bronchitis, trachea and bronchus filled with thick reddish mucus which was removed by sponge pumping.

The foreign body located in the right main bronchus and with right angular forceps foreign body was grasped and withdrawn in axis of bronchus together with the tube. Time of operation two minutes.

Temperature on the day following the bronchoscopy was 99, pulse 90 and respirations 20. The child was discharged from the hospital on the third day.



The second case, that of Baby M., 14 months old, was admitted to the Newark Eye and Ear Infirmary on May 26th, 1921, with the history of having swallowed or aspirated a carpet tack. On the morning of May 26th the child was playing on the floor, in the same room where the mother was tacking down some carpet. The mother noticed the child crawl into another room, after which she heard the child cough. In going into the adjoining room the mother saw a tack in the baby's mouth. The mother laid the child across her lap, head down, and then slapped the child on the back with the expectation that the child would expectorate the tack. The child took a deep inspiration, had a choking spell and became very cyanotic; after which the child apparently looked all right. The mother at once took her to their family physician, who referred the case to the hospital. Baby was seen by Doctor F. J. Wort at the

Eye and Ear Infirmary, who had x-ray pictures taken by Deoher Baker. The pictures showed the tack in the left bronchus. During all this time the child had a spasmodic cough but did not again become cyanotic. The physical examination was negative. Doctor Wort referred the case to me and at the Infirmary, without anesthesia, local or general, a 4 mm. Jackson bronchoscope was passed into the left bronchus, head of tack in the upper lobe bronchus, the point in the main left bronchus. The point of tack was grasped with angular forceps, withdrawn together with tube in axis of bronchus. Time of operation 12 minutes. The child had an elevation of temperature the following day to 101, dropping on the second day to normal and remaining there; the child leaving the hospital on the fourth day.

671 Broad Street.

Cirrhosis of Liver in Child.—The necropsy of the infant of 15 months showed hypertrophic cirrhosis of the liver. Two other children, also girls, had died in infancy with symptoms of acquired jaundice. No alcohol had ever been given the children. The family was otherwise healthy, the one boy having never shown signs of jaundice.

Rapidly Fatal Case of Epidemic Encephalitis.—Rabion reports a case of the hyperacute type in a man of seventy which terminated fatally in forty-eight hours. The subject was in apparently perfect health when stricken. Death naturally occurred in coma.—*Gazette des Hopitaux*.

Lethargic Encephalitis in Pregnant Women.—Dr. M. D. Haag, in the Mich. State Med. Jour., reports a patient seven and one-half months pregnant. Throughout the entire course of the disease, she at no time showed any signs which would indicate that she was attempting to abort, in spite of the fact that the temperature was running as high as 104 F. The fetus remained alive until the day the patient died. A review of the literature shows only ten other reported cases complicating pregnancy.

Complete Severance of Cervical Cord.—Dr. Hightower of Hattiesburg, Miss., reports this case in the A. M. A. Jour. A woman, aged 32, six months pregnant, was shot in the neck with a 0.44 caliber revolver, May 26. I saw her ten minutes later. She was conscious but completely paralyzed, and had no sensation below the point of injury. A roentgenogram disclosed that the bullet had passed through and fractured the fifth cervical vertebra. An operation was not undertaken because the immediate onset of the symptoms indicated a complete severance of the cord. The pulse dropped to 50 but soon returned to normal. There was retention of urine, involuntary action of the bowels, total loss of the reflexes with the exception of the plantar, and only diaphragmatic

respiration. The temperature ran an irregular course throughout, ranging from 99 to 105.5. On the eleventh day after the injury, the condition remaining the same and the outlook absolutely hopeless, an operation was performed with the faint hope that compression of the cord by fragments of bone could be removed. The cord was found to be completely severed and the ends separated for the distance of an inch. The patient stood the operation well and soon reacted from the effects of the anesthetic. The condition continued the same, the pregnancy not being disturbed. She died six days later.

Cardiac Asthma.—Reported by Dr. L. M. Ryan in the Medical Review of Reviews.

H. N., age 46. Occupation, housewife. Family history negative. Past history, negative except for chronic constipation. The first symptom noticed by the patient was a slight swelling in one lower extremity, for which condition she consulted a physician. She was told it was of no importance. The next feature of the case was an aggravated shortness of breath upon moderate exertion. She consulted her physician again, and was informed that her condition was due to the fact that she was over weight. (She was a very fleshy woman, and this would have been a plausible explanation if she had not been over weight for a good many years.) She then consulted another physician, who discovered she had mitral insufficiency. Two years after the initial symptom the breathing was much more labored, even when walking about the house. Both lower extremities were now slightly swollen at night, a loose cough developed, her appetite was poor, she began losing weight (urinary symptoms absent), dyspnea became practically continuous, facial color became more cyanotic, and in another six months she was bed-ridden. At this time the urinary findings were still negative, the heart exceedingly arrhythmical, and only held at all in control by digitalis. The murmur increased in intensity; the lower extremities had to be tapped every few days, the heart became larger, the patient became very much emaciated and gradually went from bad to worse, and about three years after the initial symptom died. Autopsy showed merely the findings of an enlarged heart with mitral insufficiency.

In this case the continuous dyspnea which was both inspiratory and expiratory, with the absence of all findings indicative of bronchial asthma or pulmonary tuberculosis made the picture of heart-asthma complete.

Hair Pin in the Bladder.

Report of two cases by Dr. Jacob Geiger, St. Joseph, Mo., in the Medical Herald:

Case I—M. E., age 21 years, farmer's daughter, single, virgin. Of average intelligence. Was referred to me by Dr. S., the family physician, July 6, 1918.

History, frequent urination, tenesmus and pain, slight hematuria, a little pus and albumen. Examination disclosed a large vesical calculus.

Supra public cystotomy was performed the next day and an egg shaped stone, five inches in circumference and three inches in length,

in the center of which a heavy hair pin three and a half inches long was found.

After removal of the stone, the bladder was washed out with sterile water, and the wound closed layer by layer and catheter placed in the urethra. Wound healed promptly.

Case 2—M. H., age 24 years, single, virgin, farmer's daughter, of average intelligence. Was referred to me by Dr. B., the family physician.

History, for the past four or five months, frequent painful and bloody urination, aggravated at menstrual period, constipated, loss of strength and flesh. Examination disclosed a thick hymen, with a small aperture and the urethral meatus large.

A sound was introduced which elicited a large stone well night filling the bladder. Following day we performed a supra-public cystotomy, stone was egg shaped, six inches in circumference, in its largest part, and three inches long, leaving a small bit of the loop and prongs of a three and a half inch hair pin exposed.

The bladder was much thickened and encrusted with phosphates. The wound was entirely closed and a catheter retained in the urethra. Convalescence uneventful.

In both cases careful questioning failed to elicit a history of masturbation, but there was evidently sexual perversion.—Critic and Guide.

County Medical Societies' Reports

GLOUCESTER COUNTY.

Henry B. Diverty, M.D., Reporter.

The twenty-fourth annual social session of the Gloucester County Medical Society was held at Hotel Pitman, Thursday evening, September 15, 1921. This includes all the physicians that belong to the society and their wives and sweethearts, along with delegates from other societies. Our honored visitors were Dr. David C. English of New Brunswick and Prof. Hobart A. Hare, LL.D., of Philadelphia. We sat down to a bountiful banquet and after the inner man was taken care of our toastmaster, Dr. George E. Reading, called upon the following for speeches: Dr. D. C. English, Prof. H. A. Hare, Dr. W. H. Iszard of Camden, Dr. James Hunter of Westville, Dr. G. E. Day of Collingswood and Dr. H. G. Miller of Millville. All of the addresses were full of enthusiasm and optimism. The balance of the evening was spent in having a good social time and everybody was happy.

MIDDLESEX COUNTY.

M. F. Urbanski, M.D., Secretary.

The regular meeting of the Middlesex County Medical Society was held at the Nurses' Home, Perth Amboy City Hospital, on September 21st, 1921. There was good attendance in spite of inclement weather. Dr. English reported that the credentials of Dr. Alfred Gruessner, New Brunswick, N. J., were satisfactory and he was admitted to full standing in the society. The names of Dr. John Rowland, New Brunswick, and Dr. Haight, Highland Park, were proposed and referred to the committee on credentials. It was unanimously agreed that this society adequately observe National Cancer Week by holding an appropriate meeting during the first week in No-

vember. It was further carried that the society hold its regular November meeting, and omit the October meeting. Dr. English brought to the attention of the members the importance of the coming election in view of the fact that the two Assemblymen from Middlesex running for re-election had proven destructive to medical legislation for the public's welfare, during the last session of the legislature, and urged opposition from the medical profession in the election of these two candidates. Dr. Howley, chairman of the Welfare Committee, spoke along the same lines, urging co-operation along the lines suggested by the Middlesex County Guild.

The scientific paper for the meeting was presented by Dr. F. R. Haussling, Newark, N. J., entitled "Sub-deltoid Bursitis." The address was illustrated by lantern slides.

The paper proved very interesting and instructive. Special stress was laid upon the treatment which in Dr. Haussling's series proved more efficacious than the more radical surgical treatment. After a discussion of the paper a vote of thanks was extended to Dr. Haussling.

MORRIS COUNTY.

Marcus A. Curry, M.D., Reporter.

The annual meeting of the Morris County Medical Society was held on the evening of September 13th in the amusement hall of the New Jersey State Hospital at Morris Plains, President Dr. A. L. L. Baker presiding, having recently recovered from the effects of a rather protracted illness. There was a large attendance of members and among the guests were Dr. Ruth M. Lance, pathologist at Morristown Memorial Hospital, Frederick H. Bartleman, D.D.S., the State Hospital dentist, and his assistant, Raymond W. Lasslett, D.D.S. The State Hospital medical staff also was present, the older members being also members of the society.

Superintendent and Chief Executive Officer of the State Hospital, Dr. Marcus A. Curry, in behalf of the board of managers, the other officials of the hospital and for himself, welcomed the society and its guests in a most cordial manner. He expressed the hope that the holding of the annual meeting of the society at the institution would become a fixture and also that the next annual meeting might be held in the new clinic and reception building, which will accommodate four hundred patients, now in course of construction and making good progress. Superintendent Curry urged closer contact and a greater interest in the hospital on the part of the members of the society and reminded them that they have reason to feel justly proud of having in their county the largest institution in the State; that the managers and he were only too glad to have them come to the hospital often and see what is being done at the institution and that the familiarity thus gained would enable them in the event of their hearing any criticism to know whether it were well founded and if not they would be in a position of their own knowledge to combat any false representation. He assured the members that he and his staff were only too ready and pleased to co-operate with them in any possible way and called attention to the clinic for venereal disease which is maintained at the institution and urged the

physicians to send to this clinic any cases they could not care for or that were indigent and unable to pay for the treatment; that all they had to do was to give their card to patients of this class and send them to the clinic and they would be cared for without expense. Dr. Curry stated that he thought as medical men it were better that cases of venereal disease be treated without regard to other considerations and he wished to give this treatment to patients of this class throughout the country. Continuing Dr. Curry said he would leave it for another gentleman present to treat with the Compulsory Health Insurance, the Chiropractic cult and kindred propositions but he wished to urge upon the attention of the physicians the importance and necessity of supporting the \$14,000,000 Bond Bill which comprehends a ten years' program for the care of the State's dependents and which comes before the voters on November 8th. He reviewed the history of conditions at the Morris Plains institution, which proved conclusively that relief must come and come quickly; that if it should not come by way of the approval by the voters of the Bond Bill then it should have to come by some other method or means, perhaps less comprehensive of the institution situation in the State and probably not so economical as the Bond Bill which is regarded as the most economical measure ever advanced in the State, covering as it does a period of ten years in providing for the State's wards, the medical, nursing and other personnel to look after the dependents and afflicted citizens of the State in a proper and humane manner.

Following Dr. Curry's appeal for the State's dependents through the approval of the Bond Bill, Dr. Clifford Mills offered a motion which was carried unanimously, that a committee of three to act in behalf of the society be appointed to draught a letter as coming from the society and setting forth its favorable sentiment toward the Bond Bill, explaining why it should be approved on Election Day, urging the people to support the bond issue and sending the letter to every newspaper in the county with a request that they publish it. Drs. Mills, Flagg and Landers were appointed a committee to carry out the purport of the motion.

Joseph H. Gunn, secretary of the Welfare Committee of the State Medical Society, was introduced and delivered an address laden with enthusiasm that could not fail to arouse even a case of lethargy to awaken to action to safeguard its interests. Mr. Gunn's narrative of the work done by the Welfare Committee at the sacrifice of time and money during the last session of the legislature when inimical bills hovered over the medical profession was a veritable inspiration to the members and illustrated convincingly what can be accomplished by concerted action. Mr. Gunn indicated clearly the necessity for the physician to bestir himself to ascertain the sentiment toward the profession of any candidate for a place in the legislature and to support only men who will give the medical profession an opportunity to be heard and a square deal on any proposed legislation dealing in any way with the healing art. He recited the difficulties encountered at the last session at Trenton to get a hearing and the arduous and unceasing work that was imposed upon the committee to get the results that were obtained. He re-

minded the men that what they can accomplish before the primaries and election to eliminate those who are not willing to give the medical profession a square deal will make the work of the Welfare Committee that much smoother in their efforts to block bills that are inimical to the profession and the public health or that permit any lowering of the educational or other standards of those who wish to practice the art of healing. Mr. Gunn stated the proposition tersely in saying that there should be only one door through which all must pass. Mr. Gunn described what has been done in other States and in other counties of New Jersey to safeguard the profession and cited many movements that are now concentrated on individuals who were not inclined to give the medical man a square deal. Mr. Gunn also stressed the point that the medical profession should have a better representation on the State and institutional boards of New Jersey and that in all propositions dealing with the care and treatment of the sick and afflicted the medical man should be heard and his advice heeded. Mr. Gunn spoke at length, covered a wide range in a masterful manner and received a rousing round of applause at the conclusion of his able address.

Dr. Henry S. Rubin of Morristown was unanimously elected to membership in the society. Dr. Harris Day, now in practice at Ogdenburg, tendered his resignation stating it as his intention to join the Sussex County Society.

Dr. Owen delivered a touching eulogy to the memory of the late Dr. Henriquez of Morristown which was drawn from his close contact with the deceased member from the humble beginning to the successful ending of his local career. A committee was appointed to prepare suitable memorials to Dr. Henriquez and also the late Dr. Vaughn who predeceased him recently.

The election of officers for the ensuing year resulted as follows: Dr. William F. Costello, president; Dr. George H. Lathrope, vice-president; Dr. Henry W. Kice, secretary; Dr. George B. Landers, treasurer; Dr. Marcus A. Curry, reporter.

Delegates to the State Society: Drs. Carl L. Pierson, George R. Hampton, William F. Costello.

Welfare Committee: Drs. Clifford Mills, G. A. Becker, Fred'k W. Flagge, J. Willard Farrow, William F. Costello.

A touching scene surrounded the election of treasurer. Upon being proposed for re-election the venerable and much beloved Dr. James Douglas of Morristown arose and said the time had come when he must say "no"; that he had tried to perform the duties of the office for twenty-two years but felt that he could not go on and that there were younger and abler men in the society to one of whom he should have to relinquish the duties of treasurer. The devotion of the members to their faithful guardian of the funds was crystallized in the form of a gold-tipped snakewood cane, which was presented to the witty Scot by Secretary Kice in a presentation speech that sparkled with wit and humor and proved the social hit of the evening. Knowing the race from which the honored one springs, it need not be stated that his response was as ready as it was witty and did not fail to assist the digestion of the appetizing supper which War-

den Bowen co-operated with Superintendent Curray to furnish.

It was voted to hold the December meeting at Morristown.

PASSAIC COUNTY.

Leon E. De Yoe, M.D., Secretary.

The September meeting of the Passaic County Medical Society was held at Odd Fellows' Hall on Thursday, the 8th, at 9 P. M. Dr. William Neer presided in the absence of the president, Dr. John S. Yates.

An amendment to the constitution and by-laws uniting the offices of secretary and reporter was passed.

The efforts of the American Society for the Control of Cancer to spread information in regard to this disease were discussed, and all members were urged to support the coming public meeting for that purpose in this city.

The speaker of the evening, Dr. Held of New York City, then addressed the society on the subject of "Icterus." He first spoke of the various chemical substances which when present in the blood and tissues caused icterus and traced their formation in the body. He then described graphically the various forms of obstruction and hematogenous jaundice, and spoke of the methods of differentiating these types. Finally the speaker described the methods of treatment used for the most important type of icterus.

Dr. Held was most warmly applauded for his most interesting discourse. A short discussion followed, after which the society extended to the speaker a rising vote of thanks.

NOTICES OF MEETINGS.

Board of Trustees of State Society, at the Academy of Medicine, Newark, October 11, at 1 o'clock P. M.

State Welfare Committee, same day and place, at 11.30 o'clock A. M.

Cancer Week Campaign meetings in all New Jersey cities, October 30-November 5, 1921.

Academy of Medicine of Northern New Jersey.

The stated meeting will be held October 19 at 8.30 P. M. Paper on "Hypertrophy and Cancer of the Prostate," by Dr. H. H. Young of Baltimore.

The Section on Eye, Ear, Nose and Throat will meet October 10th at 8.45 P. M. There will be report of cases by Dr. J. F. Cattin, and a paper on "Reactions of Vestibular Apparatus in Intra-cranial Diseases" by Dr. W. P. Eagleton.

The Section on Medicine and Pediatrics will meet October 11th at 8.45 P. M. Report of cases and paper on "Arsphenamine Therapy" by Dr. J. W. Gray.

The Section on Obstetrics, Gynecology and Surgery will meet October 25th at 8.45 P. M. Report of cases and a paper on "Cancer, Roentgen-Rays, Radium and Electro-Thermic Coagulation" by Dr. J. T. Stevens.

Tri-County Medical Society.—The Tri-County Society of Warren, Sussex and Morris physicians will meet in the Elks' Club house in Dover on October 11th.

THE JOURNAL

OF THE

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OCTOBER, 1921

PUBLICATION COMMITTEE:

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

NOTE.—The transaction of business will be expedited, and prompt attention secured if,—

All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to THE EDITOR.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL are sent direct to THE CHAIRMAN OF THE PUBLICATION COMMITTEE.

BOARD OF TRUSTEES.

There will be a meeting of the Trustees of the Medical Society of New Jersey in the Academy of Medicine building, 91 Lincoln Park, Newark, on Tuesday, October 11th, at 1 o'clock P. M.

THE PUBLIC'S WELFARE.

We urge every member of our Society to read and carefully consider Dr. Eagleton's Report of the Welfare Committee and the Committee's Bulletin No. 2, which appear elsewhere in this issue of the Journal, and after such consideration vigorously act as the circumstances demand.

Public health and public morals are suffering tremendously from the unscrupulous and persistent rush after the almighty dollar and the power to control everything that affects the public's welfare. Politicians, city officials, legislators and many newspaper publishers are joining hands and growing rich in these efforts. The latter class of course are reaping great harvests off the quacks who load the columns of their papers with advertisements—health lectures, etc., and it is especially so in cities where there is only one newspaper published. One of the worst instances we have seen in

the Davenport, Iowa, newspapers' accounts of the Chiropractors' convention held there recently, which were pitifully and outrageously effusive in the articles laudatory of that cult with extensive illustrations. We cite two illustrations, as follows:

"A wealthy Davenport sufferer from some ailment went the rounds of the sanitariums of this country and to Europe in search of health. He went one day to a big hospital in Vienna. He told the physician in charge that he was from Davenport, Iowa, and detailed how he had traveled almost the entire world to get relief. The physician listened to him attentively and when he got through the physician said: "You have run away from the one place in the world that holds the only possible relief for you. There is a man there by the name of B. J. Palmer who is curing hundreds of such cases as yours yearly. My advice is that you take the next boat for America and go and see this man. He may restore you to health.'"

In one other article referring to B. J. Palmer, one of the originators of the cult, is the following:

"In B. J. we have a rara avis of genius and business not found in a century. He is a combination of civilization and primal instincts, has storm and calm strangely mingled; is a human dynamo whose voltage electrocutes superstition as well as illumines the truth. * * * His resonant voice has been heard all over the continent, his new ideas have shocked and shivered the superstition full everywhere. * * * The days of miracles are hardly passed when we have with us men of wonder-working power. * * * May this great man in whose spirit seems to lurk the essence of the ages be given long life to continue, and an unforgetting humanity will enshrine him where he rightfully belongs."

The immoral conditions, the get-rich-quick men and the crimes and illegal practices in some cities are becoming notorious throughout the country. When those conditions affect the health and lives of our citizens and the politicians and money-grabbers seek to prevent legislation that would keep them from invading those sacred interests, it is eminently proper for, and the duty of the medical profession to enter politics for the public's welfare as was done in our last legislative session in securing the passage of Bill 149, when the politicians were compelled to yield and some of them who had opposed that bill, voted for it to help secure their re-election. Some did not have intelligence enough to see that that bill meant the saving of the lives and health of thousands of our citizens and they voted against it. **They ought to be overwhelmingly defeated in seeking re-election.**

It is unnecessary to argue that when

the profession enters politics it will be **clean** politics—not for their pecuniary advantage but—as in past legislative enactments sought—for the public's benefit against their own pecuniary interests. All intelligent people will realize the fact that all the profession's activities in Preventive Medicine—the wiping out of diseases—during the past century, has meant the loss of hundreds of thousands of dollars to its members' incomes.

OUR COUNTY SOCIETIES.

The careful consideration of the table inserted below is exceedingly desirable, and prompt and decided action following such consideration is one of the greatest needs of the medical profession, for we believe there is nothing that so retards the progress of the profession, encourages the false cults and causes the public to misunderstand our methods and motives in seeking legislation for the public welfare, as our failure to properly sustain these county societies and thereby maintain our profession's high standing and promote its members' advancement in the science and art of medicine.

We submit, without further comment, that the essential needs are: the election of competent and faithful officers; practical, helpful scientific papers well discussed; reports of interesting cases with discussion thereon; increased spirit of brotherhood. These will secure better

attendance, increase our knowledge and influence and win greater esteem and confidence.

The State Society is doing good work, but it will do far better if the county societies wake up and get busy. The State Society a few years ago adopted the permanent delegate system—one of the best things it has ever done—making the House of Delegates more representative of the profession of our State, showing that its leaders are desirous of hearty co-operation between the State and county societies. It ought to greatly increase the latter societies' members earnestness in maintaining the greatest possible efficiency of those societies. We do not wish to be understood as representing conditions in New Jersey as worse than in other States; we doubt if they are, but New Jersey is the Mother Society and we ought to set a High Standard.

OBSERVE CANCER WEEK.

We call special attention to the action of the American Society for the Control of Cancer in appointing

OCTOBER 30th TO NOVEMBER 5th is to be observed throughout the United States and Canada as **"Cancer Week."** The purpose of this movement is to reach as many persons as possible in these countries with the vital and practical message of cancer control.

COUNTY MEDICAL SOCIETIES

Counties	Regular Meetings— Days and Months.	Annual Meeting	No. of Mem.	Av'ge Attend.	Annual Dues
ATLANTIC	2nd Fri., except 7, 8, 9 mos.	November	113	40	\$5
BERGEN	2nd Tues., except 7 & 8 mos.	October	94	35	7
BURLINGTON	2nd Wed. in 1, 4, 6, 10 mos.	January	44	25	7
CAMDEN	2nd Tues. in 2, 5, 10, 12 mos.	October	112	60	7
CAPE MAY	1st Tues. May and October	October	25	15	5
CUMBERLAND	1st Tues. in 1, 4, 7, 10 mos.	October	46	20	8
ESSEX	1st Tues. in October*	October	530	150	5
GLOUCESTER	1st Thurs. in 3, 5, 9, 11 mos.	January	31	20	15
HUDSON	1st Tues., except 6, 7, 8, 9, mos.	October	332	160	10
HUNTERDON	4th Tues. in April & October	October	30	18	1
MERCER	1st Tues., except 7 and 8 mos.	December	110	35	10
MIDDLESEX	3rd Wed., except 7 and 8 mos.	December	86	24	2
MONMOUTH	2nd Tues. in June, Dec.**	December	65	20	5
MORRIS	2nd Tues. in 3, 6, 9, 12 mos.	September	68	30	12
OCEAN	Semi-annually, at call of Pres.	November	15	6	3
PASSAIC	2nd Thursday each month	October	157	48	5
SALEM	1st Wed. in 2, 5, 10 mos.	October	25	18	10
SOMERSET	2nd Thurs. in 2, 4, 6, 10, 12 mos.	October	37	18	3
SUSSEX	2nd Tues., & as called by Pres.	October	18	10	4
UNION	2nd Wed. in 1, 4, 7, 10 mos.	October	135	50	10
WARREN	1st Tues. when called by Pres.	October	31	15	3

*And as determined at annual meeting.

**2nd Tuesday after 2nd Monday

If there are errors in this list they are due to failure of officers to reply to Editor's request for information or to inaccurate replies.

There is probably no preventive medicine campaign of more vital importance to all classes of people, nor one which gives promise of greater interest and more hopeful results. The great facts to which the Society calls attention: that while during the World War the United States lost about 80,000 soldiers, during the same two years 180,000 people died of cancer in this country and that the disease is now killing one out of every ten persons over forty years of age—should lead every member of our profession to assist in making the week's campaign yield the best possible results.

Dr. Edward J. Ill of Newark has charge of the campaign in New Jersey and has appointed chairmen in the various cities to arrange for public meetings with able speakers to present to the laity the message of cancer control. We give below a communication received from Dr. Ill:

Most of the county societies will meet during Cancer Week to discuss the cancer question, report unusual cases and assist in the campaign. The November issue of our Journal will be a **Cancer Number**. We shall be glad to receive any interesting and helpful matter that our members send for insertion, as well as carefully prepared reports of meetings.

By Edward J. Ill, M.D.,

F. L. Hoffman, Ph. D., of the Prudential Insurance Company and the writer of this, represent the "American Society for the Control of Cancer" in New Jersey. There is to be a campaign for the purpose of disseminating our present knowledge of cancer to both the physicians and laymen. The time set is from October 30th to November 5th next and it is to be nation-wide. All the county societies and other medical societies have been asked to discuss this topic in a special meeting to be held during that week.

Early recognition of the disease is the keystone of the patient's salvation. Early recognition of the disease by the physician is his duty and the patient will hold him responsible for failure to do so.

The Editor of the Journal desires to make the November number a "Cancer Number." Any contribution from the members of the State Society will be thankfully received. Any who wish to hold meetings of the laity and address them, will please correspond with the writer. He has already appointed as many committees in various communities

as he thought might be interested. Literature and a syllabus for a lecture will gladly be furnished. He hoped that he might furnish speakers but so many have made requests that but few speakers can be sent from this city.

In this great campaign let New Jersey take a prominent part. The work published on the statistics of Cancer by the Prudential Insurance Company through the labors of Mr. Hoffman have already given New Jersey an enviable reputation.

We are careful to give credit for articles taken from other journals and inserted in our Journal, but failed to do so in giving the editorial from the Critic and Guide entitled "A Physician in Need Is Needed Indeed" in our September issue. It was cut out of that paper and sent to our printer in a time of business stress, without the journal's name attached, the original was lost and the word "Exchange" was given. We apologize.

WELFARE COMMITTEE.

MEDICAL SOCIETY OF NEW JERSEY.

Bulletin No. 2 to Members.

Newark, N. J., Sept. 21, 1921.

My dear Doctor:

The legislative campaign is upon us, and the Welfare Committee is looking for your support in an effort to have elected to the Legislature men who will safeguard the health of the citizens of New Jersey, by insisting that laws to be enacted shall continue to demand standard educational qualifications for those seeking a license to practice healing in our State.

We are also asking that each county medical society as a unit, and each physician as an individual, oppose those members of the last Legislature who by their vote against Senate Bill No. 149 (the bill presented by the State Society for a standard educational qualification for practitioners under a "limited license,") stand opposed to such educational qualifications, not necessarily because they voted against Senate Bill No. 149, but because by their opposition to it without advancing valid arguments against the measure, they have stamped themselves as unfit to represent the best interests of the State of New Jersey. While it is the duty of a legislator to vote according to his conviction; he should have a reason for his vote, not simply oppose or favor a group or a measure, and be able to explain it.

The Welfare Committee is anxious to interest the entire profession collectively and individually, in the coming campaign. The committee believes it is the duty of every educated American citizen to render personal service to the State at each election, and after election to watch and to oppose such legislation and such legislators as have been proved to be inimical to the State's welfare.

The committee wants to repeat to you the names of the Assemblymen who put them-

selves on record as opposed to standard educational qualifications and ask you to work against them for renomination; if they are renominated, to oppose them for re-election. Those who should not be returned are:

Atlantic County—William A. Blair, Joseph A. Corio.

Bergen County—William St. John Tozer.

Cumberland County—David C. Blizzard Jr.

Essex County—Frank B. Champion, Rynier V. Taylor, Mrs. Jennie C. Van Ness (for opposition to all health legislation) and George S. Hobart, for his actions as speaker on medical legislation.

Hudson County—Joseph J. Loori, Edward K. Patterson, A. E. Stephens.

Middlesex County—Edward J. Peterson, C. Raymond Lyons.

Union County—Sidney W. Eldridge, chairman of special committee, which drafted substitute bills, and consequently opposed to educational qualifications to practice healing.

During the campaign you are asked to interview candidates for nomination in your county to ascertain their position with regard to health questions and educational qualifications for licentiates, and also ascertain if they favor public hearings on all health bills, when requested. Hearings were denied the medical profession in 1920. Interview county political leaders with regard to candidates, and state our position regarding the above subjects which are designed to safeguard public health. Hold meetings of the county societies and invite candidates to discuss health legislation.

Officers of county medical societies are requested to take the initiative in the campaigns in their counties, such activities to be under the direction of the county welfare committees. They are also asked to co-operate with Professional Guilds in their counties to bring these guild members into the movement. The campaign should be energetic.

County society officers are also requested to call meetings of their county societies as part of this campaign and to send notices to the Welfare Committee of the State Society in sufficient time so that a member of the Welfare Committee may attend the county society meeting.

The State Welfare Committee has adopted a policy of "Medical Men for Health Problems," and is making it a slogan for all matters of legislation pertaining to the public health, and in the administration of State health matters. The reason for this position is that the medical men, by their technical training, are the only ones qualified to handle health problems.

The State Welfare Committee has gone on record with the State Board of Medical Examiners as standing absolutely behind the "Limited License" act, passed by the last Legislature, and favors the prosecution of any person who practices the healing art illegally.

The Welfare Committee also wishes to announce a new and definite policy with regard to publicity. The committee asks that each county society appoint a publicity chairman. The work of this publicity chairman is to watch the newspapers in his county and if any articles appears in a newspaper speaking in any way slightly of the medical profession or its activities, that the chairman at once write to the newspaper, not attacking anybody, but in a temperate non-controversial style, simply

stating the medical position in answer to the criticism. Also the publicity chairman is asked to cut such articles from the newspapers and send them to the State Welfare Committee.

We cannot accomplish our mission unless we have the hearty support of the county society members in this campaign and as a closing appeal we ask that the campaign be launched at once and that it be continued with vigor. The Welfare Committee stands ready to render any assistance requested, as its part of the movement.

Very truly yours,

WELFARE COMMITTEE,

MEDICAL SOCIETY OF NEW JERSEY

Drs. Wells P. Eagleton, Thomas W. Harvey, Sr., John McCoy, David C. English, Andrew J. McBride, Donald Miner, Fred'k Morrison Jr., Horace L. Rose, Frederick J. Quigley, Frank W. Pinneo, Stephen Quinn, Wm. J. Carrington, James J. McGuire, Edwin Field, Henry B. Costill, ex-officio.

REPORT OF WELFARE COMMITTEE.

Dr. Wells P. Eagleton, Chairman.

After the appropriation of funds by the Board of Trustees for the Welfare Work of the State Society, it took your committee nearly one year to obtain even a semblance of proper organization of the county societies. At the end of the first year's work twelve of the twenty-one societies had responded to our repeated appeals to them to take action in the matter. It was not until the passage of the Chiropractic Bill in 1920 that the medical profession became cognizant of the necessity for some concerted action.

Upon the re-organization of the State Welfare Committee in June, 1920, after the Assembly had adjourned, it was decided that the services of the executive secretary, on part time, should be continued for the organization of the county societies.

At the opening of the Legislature in the fall your committee was re-formed, and from that time on, until the adjournment of the session of 1920-'21, there was not a week, except Christmas week, in which the committee did not hold a meeting. During the last weeks of the Assembly it met as often as three times a week.

The duty of this committee was the preparation of a measure to counteract the evil influence of the Chiropractic Law. Mr. Wahl, attorney for the Society, was instructed by the committee to draft a bill. He submitted two bills which were thoroughly discussed by your committee. Dr. Costill then asked Mr. Stryker of Newark to submit a bill framed on the principle of the Pennsylvania law, which provides for the issuance of a limited license. This bill was greatly modified and altered by your committee after being resubmitted to Mr. Stryker.

Meanwhile, the work of organizing the different counties was going on. Letters were sent to all the county medical societies asking them to take an active part in the approaching primaries in order to secure the election of intelligent men to the Legislature. The members of the county societies were circularized, informing them how the Assemblymen who were coming up for the nomination had voted on the Chiropractic Law and asking them personally

to interview the candidates in regard to their attitude towards the proposed bills, for it is to be remembered that the Assembly of 1920 passed the Chiropractic Law giving the Chiros a separate board without containing any specific educational requirements whatsoever.

In this pre-election campaign Essex County stands out preeminent; it sent a questionnaire to all the candidates for the legislature. It also issued a bulletin of information. But though Essex was more active at this time than the other counties, it must not be thought that the others were not doing their share. A very generous, united effort was made throughout the State for our forward-looking legislation. Immediately following the primaries, steps were taken to poll the candidates how they stood on health matters. The members of the county medical societies were requested personally to visit their candidates; they were asked, moreover, to set definite dates for the meeting of each county society, (at which meetings a member of the Welfare Committee or its executive secretary would arrange to be present) and to invite the local candidate for the Assembly and Senate to be present at these meetings in order that the candidate might see the interest the medical men were taking and learn from the discussion at the meeting just what legislation they were endeavoring to have enacted. This part of the program, although meeting with much opposition in many of the counties, was highly successful, and there is no doubt in the minds of your committee that it was one of the great factors in the ultimate success of the movement.

As a result of this campaign, at the opening of the Assembly your committee was in possession of information which led it to believe that anything the State Medical Society should ask, provided it was just and for the welfare of the State, would readily be granted. In the Essex County delegation, 8 out of 12 were definitely pledged in favor of publicity for all health legislation. The Hudson County Democrats have assured the profession of their thorough support, but as no Hudson Democrat was returned the twelve Republican Assemblymen from Hudson elected had not been interviewed.

At the opening of the Assembly your committee moved its headquarters to Trenton, where it continued to work. A combination was now made by our committee of the three bills which had been framed for it. This measure placed a Chiropractor on the State Medical Board, gave the Board of Medical Examiners the right to issue a limited license, and arranged a procedure for the licensing of such cults in the practice of the healing art as may come into existence in the future.

When you consider that seven men had been going over, modifying, adding and subtracting day after day the three bills originally drafted for your committee before the final bill was adopted by them, you will realize that it must necessarily have been a just measure, framed to correct evil legislation and providing for fair regulation in the future. When the bill was ready, a general meeting of the Legislative and Welfare Committees of all the county societies was called to discuss it. About 170 invitations in all were issued, and how many persons do you think came? One, Dr. Bell of

Bergen County, on time, and two or three others toward the close of the meeting.

The bill was introduced in both Senate and Assembly; it was introduced as Assembly Bill No. 245, by Dr. Read, and was introduced in the Senate by Dr. Barber as Senate Bill No. 149; meanwhile your committee had already begun to see that we were going to have difficulty in securing its passage. In Essex and Hudson counties we apparently did not have a friend. Essex County members who had been elected as a reformed party men upon which we had counted for reform legislation, to our amazement were found to be almost entirely against us. Two weeks before the final vote on the bill, we had only one vote pledged to us from Essex and that pledge was to include a vote for the Osteopathic Bill as well.

Before the introduction of our bill, there had already been introduced a bill, known as Assembly No. 129—the Osteopathic Bill. The Chiropractors had also introduced a bill through their former champion, Senator Mackay of Bergen. All these bills were in committee at the same time.

When our bill, Assembly 245, was returned from the printer it was found that a most serious error had been made—the one word in the entire bill whose omission would make the bill valueless had been left out; the word “high” before “school,” so that when the bill came before the committee it read that whoever should be licensed should have “a school education of four years,” instead of a “high school education.” So inexperienced was your committee in legislative matters, it did not realize the importance of immediate correction! We were erroneously informed, that the error could be rectified in a second printing, and not until later did we learn that for correction it would have to go back to committee and thus lose its place in the calendar.

A joint hearing of the Health Committee of the Senate and Assembly was held on our Assembly Bill No. 245, Senate No. 149, on the Osteopathic Bill, Assembly 129, and on the Chiropractic Bill, Senate Bill No. 104. Your committee asked the members of the county medical societies to attend this hearing, and over 200 physicians responded and came to Trenton. **Educational Standards** was made our war cry, and we succeeded in interesting several educators, who also came to Trenton and addressed the legislators on behalf of our bill, among them Mrs. W. O. Eakins, Miss Irene O’Crowley and the Assistant Superintendent of Public Instruction. Altogether, we made an excellent impression for our cause.

Following this hearing came a period of almost unendurable mudslinging, when every possible charge was made against our motives and our actions. The least of the accusations against us was that we had formed a “medical trust.” But day after day, week after week, your committee, now in close co-operation with every county medical society, worked steadily and hard. After many weeks of waiting, and almost in despair, we decided to leave Assembly Bill No. 245 and move Senate Bill No. 149; and at last, although Senator Mackay had twice attempted to pass his Chiropractic Bill, and twice had failed to receive the requisite number of votes for it, our bill was called. After having been amended, by striking out all the college, premedical educational require-

ments, it passed the Senate by a vote of 14 to 0.

During all this time we were being told at Trenton that we must compromise—that the Osteopaths had all the votes pledged for their bill. Even before the opening of the Legislature they had been carrying on a most active propaganda and when after the passage of our bill through the Senate, we discovered their methods. For several months the Osteopaths had been flooding the Legislature with letters. They had been asking their patients to write these letters but to put no dates on them and then at the psychological moments they were sent by the Osteopathic lobby to the individual legislators. I was first told of this scheme by an old lobbyist, who said that in all the legislative work there never had been a more active propaganda in Trenton. Only after the passage of our bill through the Senate did we realize the importance of this. Then we were assured that we must compromise with the Osteopaths or they would defeat us. When we came to take a poll of the Assembly we realized that what we heard was true—we had very few friends of our own.

The rural districts were with us, but as a rule the cities were against us. The Essex County delegation was probably the cause of most of our trouble. This opposition was headed by Mr. Hobart, the Speaker, and included Mrs. Van Ness, R. V. Taylor, a member of the Board of Education of Newark and a printer by trade; Frank B. Champion and Charles B. Dutcher. With the assistance of Speaker Hobart, Eldridge of Union, Downs of Morris, Appleby of Middlesex, these parties undertook to defeat our measure.

When our bill had passed the Senate and went to the Assembly, 500 doctors in Essex County had signified their approval of it; Hudson County had become thoroughly organized in its favor. Union County had presented a petition for it signed by all the doctors in the county and not a single Assemblyman had not been interviewed by his own constituency in spite of this; nevertheless, an effort was made by Speaker Hobart to sidetrack the measure, doubtless because he realized that if it once came up for vote in the Assembly the inherent right and justice of it would prevent men from voting against it.

According to the usual parliamentary procedure, when our bill had passed the Senate and was brought to the Assembly, it should have been referred to the Public Health Committee of the Assembly, where it would immediately have been recommended out of committee instead of this a Republican Assembly conference was called, there being fifty-nine Republicans and only one Democrat in the House and Mr. Hobart referred our bill, which had already passed the Senate, to a special committee together with the Chiropractic Bill (which had twice failed in the Senate) and the Osteopathic Bill (which had not even been reported out of committee either of the House or Senate) evidently a move to counteract the favorable influence which had been created by the passing of our bill by the Senate, without a single vote recorded against it.

I shall never forget our indignation and despair when we learned of this move—59 Republican members called in caucus by the Speaker of the Assembly to prevent the passage of a bill, the sole purpose of which are the

establishment of an educational standard for the practice of medicine! And for what purpose? This special committee created by Mr. Hobart whose chairman was Eldridge of Union County, an open antagonist; Downs of Morris County, who as early as 1916 had introduced a Chiropractic Bill, and Patterson of Hudson County, who was also opposed, though at least courteous, in his treatment of us.

This special committee presented to a second caucus of all the Republican members of the Assembly, a substitute bill. It added three Osteopaths and three Chiropractors to the Board of Medical Examiners and gave to each separate group of practitioners complete authority over the granting of licenses in their own schools. Thus it was proposed to allow on the Board of Medical Examiners three representatives to 357 Osteopaths now licensed in this State and three to the 450 Chiropractors, while the entire medical profession should have but nine! Thus 4,000 regular physicians of New Jersey were to be represented on the Board by only 9 members, while the combined 800 Osteopaths and Chiropractors would have 61.

Your committee was stirred to indignation when the chairman of the Special Committee, Eldridge, handed us their report and told us we could accept that or nothing. Your committee had waited for three days in the Assembly Chamber for this report. We were worn out, physically and mentally. We resented the treatment, we had received. We asked Mr. Eldridge if he regarded his committee method as those of a representative government, and we demanded a hearing which they refused to consider.

I know of no other instances in public life where representatives were so insolent and arrogant to the proponents of a public welfare measure bill, as were those two special committeemen, Eldridge and Downs. Your committee, after reading the report, repudiated it entirely in a statement which was sent to every legislator and to every member of the county medical societies. And now, a most remarkable thing happened. Before the Assembly had convened again an effort was made, by this special committee appointed by Mr. Hobart, to obtain the endorsement of the doctors in the Assembly for their substitute measures.

Then the real work of your committee began. Telegrams were sent into every county apprising all the members of the State Medical Society of the situation of affairs. Circulars were sent calling on the members of the county societies to see their Assemblymen and tell them what was being done with our bill. Editorials appeared in several leading newspapers approving of the justice of our stand. The amount of work that was crowded into three days is almost unbelievable. I did not myself realize how much was done until afterwards when in looking over my files, when it took me three hours merely to glance through the copies of the things that had been planned and executed.

Again we demanded a hearing, and meanwhile so many doctors and educators had seen their Assemblymen that a hearing was granted us before the special committee. Six hundred doctors from all over the State came to Trenton for the hearing. Dr. F. W. Cutter, secretary of the Medical Board of the Board of Regents

of New York State, and consequently an authority on surveys and standards, came from Albany and spoke for our bill. Dr. Margaret N. Sullivan of Jersey City, a member of the Jersey City Board of Education, spoke for us, and Mr. Wall, our counsel, prepared a brief for the presentation of our case. When the hearing finally took place it became so evident that our bill was a just, constructive one, drawn to protect the people's health, that in spite of the active opposition of the special committee, any Assemblyman who voted against it would stamp himself as opposed to recognized standards and to the interests of public health.

When your committee meet again, the Republican leaders of the State, Senators Edge and Frelinghuysen, Ex-Senator Baird and Mr. Oliphant, were telegraphed to this effect: "Can the Republican party afford actively to antagonize the 4,000 physicians of this State, who all fulfilled the educational requirements that are demanded by law, by adopting as a party measure a bill which gives special privileges to a small group so that they may not be required to fulfill these requirements?"

The result of our last appeal to the physicians and in their behalf was wonderful. The request that the doctors see their Assemblymen and explain to them the situation, met with a splendid response. Physicians swamped their Assemblymen in every part of the State. One physician drove forty miles, their being no train service, to see an Assemblyman whom he knew personally. When the man saw the doctor he threw up his hands with the exclamation: "What, you too, after me? A hundred doctors have been bombarding me for the last three days."

When you realize that this procedure was general all over the State, you can understand the tremendous influence it had in our favor.

When on Monday Speaker Hobart again called a party caucus, hoping to adopt the compromise plan as a party measure, we had secured enough votes to defeat this scheme, larger number being in favor of making our measure, the party caucus measure, and so voted.

According to usual parliamentary procedure, Senate Bill No. 149 should have come out as the party caucus measure, but Mr. Hobart, on the plea that the special committee had worked hard and should be shown some consideration, Senate Bill No. 149 was not adopted by the caucus, but was placed on the calendar for a special order of business for the following Monday evening, along with the Chiropractic and Osteopathic substitutes.

That week was probably the most active of all campaigns in the history of the medical profession of New Jersey. The appeal, "See Your Assemblyman. We Stand for No Compromise," for in spite of all their efforts the opponents of Senate Bill No. 149 had advanced no valid arguments against it. Telegrams, long distance telephone messages, letters and circulars were sent to every county, for at the end of weeks of objections on the part of the opponents of our bill they had advanced no valid arguments against it. As a result of this most feverish of all weeks, 1,000 physicians appeared in Trenton on the following Monday.

Never had there been so many physicians in Trenton; never had there been displayed such indignation and such enthusiasm. In Union County, under the leadership of Dr. Quinn, a

petition was drawn up, signed by practically every physician in the county asking of its Assemblyman his vote for our measure. In Essex County, Doctor Pinneo's petitions were circulated, signed by both physicians and laymen. Hudson County, under the leadership of Dr. Quigley had called upon its Assemblymen, stating that they represented one thousand physicians, dentists and druggists.

The methods of your committee have frequently been criticized; it was said that we were "too rough"; that we "hit the legislators over the head"; that we antagonized them. Let me say that as chairman of your committee, I am proud of our methods. For weeks we treated them as intelligent, honorable American citizens working for the interests of the State.

Up to the very last, even on the night the vote was taken, the Speaker continued his efforts to put over a substitute bill, although it had been made a special order of business for eight o'clock, nine o'clock came and failed to find our bill before the House. No Republicans, although many of them wished to vote in favor of it, dared to ask for the bill—that would have been a violation of the courtesy due his party caucus! But three times the lone Democrat in the House—the only man not bound by party affiliations—asked for our bill. Mr. Hobart's excuse for the delay was that his special committee had worked so hard upon the measures that it deserved to have its report acted upon first. Instead of having Senate Bill No. 149 acted upon when it was called for, Speaker Hobart used his power as Speaker to bring up first of all the Chiropractic substitute, which was defeated; and then the Osteopathic substitute, which was also defeated. Last of all he had to consent to the vote upon Senate Bill No. 149. You all know the poll of that vote—40 to 15.

Your committee knew that night that we were sure of 34 votes and that once the bill got the floor it would go through.

It was after two o'clock in the morning before many of the medical men were able to leave Trenton. Consider what the profession has done! We have demonstrated some things hitherto unknown in Trenton—the ability to enact just and righteous legislation through the force of an aroused medical profession alone, without compromise. We have demonstrated that the organized medical men will respond to appeals on behalf of the public need; we have interested in good legislation, hundreds of independent, educated but unorganized medical and non-medical citizens.

These things are hitherto unknown, not only in Trenton, but I believe in any other State.

Where else has it happened that after the passage of a measure by a State Senate a Republican caucus of the Assembly with a majority of 59, placed a bill in the hands of a special committee in order to kill it; that this special committee of a party caucus made a report to the party caucus which accepted the report and ordered the committee to prepare substitute bills on the line of its report, but nevertheless, when the bills prepared by its special committee came to the floor of the House the Assembly repudiated its own party substitute bills and passed the original bill unaltered? Yet these are two facts we accom-

plished. This shows what organized effort in a just cause can do in a democracy.

For these results thanks are due to the 1,800 physicians who at various times came to Trenton—to them and to the numberless others who personally interviewed and influenced their legislators, who freely gave of their time and their strength in working for the passage of the bill.

All this was done without the expenditure of one cent for questionable purposes. All the expenses of your committee were contributed by the members of the committee. Every man paid all his own expenses. There is not a single item of expenditure in the report herewith submitted to you, that was for the individuals composing the committee.

In closing let me say that the latter is wrong, and is an uncalled for burden and should not occur in the future.

The extent of self-sacrifices willingly made by all the physicians who worked for the bill will never be known and they should never be called upon to repeat it.

Professional Guild at Elizabeth.—Physicians, dentists, druggists and nurses of Union County to the number of 150 organized a Professional Guild September 8th. The object is to seek legislation promoting the public health and to safeguard the interests of the four professions. Opposition to the renomination of Assemblyman Sidney Eldridge was voiced because he opposed a standard of educational qualifications for those who would be licensed to practice healing.

Officers of the guild are: President, Dr. Norton L. Wilson, Elizabeth; vice-president, Charles S. Hardy, Summit; secretary, Miss M. E. Kernan, Elizabeth; treasurer, Louis Langhans, Elizabeth.

Hospitals; Sanatoria.

Hackensack Hospital.—The report for the month of August shows: Patients admitted, 230; discharged, 222; major operations, 57; minor, 79; deaths, 13; births, 27; dispensary cases, 230; x-rays, 193; radium cases, 9. There were 553 medical, 1,227 surgical, 588 obstetrical days of treatment.

Orange Memorial Hospital.

The forty-seventh annual report for the year 1920 gives the following statistics: Patients in the hospital January 1st, 122; admitted during year, 2,531; operations, 1,148; deaths, 160; births, 448; discharged, 2,839. Of patients admitted, 908 were private; 480 semi-private; to endowed beds, 5; ward pay patients, 1,329; entirely free, 257. Patients treated in the dispensary: new, 3,135; revisits, 8,268. In the pathological department, 3,245 examinations were made; in the x-ray department, 1,013 examinations.

Salem County Memorial Hospital.—The report for August shows. 70 admissions; 51 discharged; 45 operations; 1 death; 11 births; 19 x-rays.

The Hackensack Hospital.—The contract for the new building for this hospital has been awarded, the amount being \$550,000. Equipment and architects' fees will increase the cost to about \$730,000, the amount raised by subscription.

Warren County Maternity Hospital.—The trustees of this hospital and infirmary have requested the Warren County Medical Society to nominate a hospital staff and appoint a committee to formulate rules under which physicians will work.

State Hospital, Morris Plains.

Dr. Marcus A. Curry, chief executive officer of the hospital, has presented his annual report which shows that 663 patients were admitted during the year—the highest for any single year in the history of the hospital. At the close of the year there were 2,773 patients, an increase of 60 over the previous year. 50 patients were discharged as recovered and 175 as improved. Dr. Curry says:

"The combination of idleness, financial worry and insidious Bolshevistic teachings is likely to produce either a criminaloid or a paranoid tendency, perhaps both simultaneously. The need of mental hygiene was never more serious than at the present time. The people should be brought to realize the danger of these introverted and anti-social lines of thought and the necessity of some form of wholesome occupation, whether remunerative or not. Otherwise this institution and other state hospitals must anticipate an even more marked increase in admissions during the ensuing year."

Texas State Tuberculosis Sanatorium.—A report has recently been issued for the twelve months ending April 30. From this we learn that 698 patients were discharged and of this number 247 made an excellent recovery; 258 made substantial improvement after their return home. The remaining number showed no improvement at all, but the report states that a large number of patients were classed as far advanced when they entered the Sanatorium. The Sanatorium was not established as a home for consumptives but as a place where consumptives could be received and trained to take care of themselves on their return home. Treatment is now being given to from 700 to 1,000 patients annually.

Carrying a Hospital by Caravan.—Dr. Arthur L. Piper five years ago set up a crude grass hut hospital at Kapanga near Musumbia, capital of the Alunda tribes of Central Africa, and with the aid of a nurse has been treating the natives that each morning in a line of eighty or more sick and injured wait their turn to be helped. Dr. Piper recently visited America and purchased 101 different kinds of medicines together with all manner of test tubes and laboratory equipment for his hospital. From the end of the Cape-to-Cairo Railroad all luggage will have to be transported on the backs of native carriers for seventeen days in the scorching heat of a tropical sun and constantly surrounded by wild beasts of the jungles. Part of the journey will be through the country where the "sleeping sickness" has wiped out entire villages.

Marriages.

BUSH-DOBBINS.—At Verona, N. J., October 4, 1921, Dr. Archer C. Bush, to Miss Helen B. Dobbins, both of Verona.

COX-SAYER.—At Westtown, N. Y., September 17, 1921, Dr. William W. Cox of Montclair, N. J., to Miss Mary Isabel Sayer of Westtown, New York.

McCORMICK-KELLY. — At Scranton, Pa., May 14, 1921, Dr. William H. McCormick Jr., of Perth Amboy, to Miss Miriam K. Kelly of Scranton.

Deaths.

D'AMICO.—At Somerville, N. J., August 28, 1921, Dr. Americ Georgio D'Amico, aged 26 years. He was a graduate of the University and Bellevue Hospital Medical College in 1919. He was instantly killed when his automobile was struck by a locomotive near Somerville.

DRAKE. — At the Easton (Pa.) Hospital, August 26, 1921, Dr. Francis James Drake of Phillipsburg, aged 51 years.

He graduated from the University of Pennsylvania, Philadelphia, in 1900. He had been school physician since 1913. He was a member of the Warren County and State Medical societies and a Fellow of the American Medical Association.

IN MEMORIAM

Harry Vaughan, M.D.

By Dr. Frederick W. Owen, Committee appointed by the Morris County Medical Society.

Dr. Harry Vaughan of Revolutionary stock, was born in Kansas in 1875. He graduated from the Brooklyn College of Pharmacy in 1895, and later from the Baltimore College of Physicians and Surgeons. He commenced medical practice in Morristown in 1896 and began, after studying under Dr. E. Blair Sutphen, and at the Post Graduate Hospital, N. Y. City, to specialize from 1901 in eye, ear and throat diseases.

This course was justified by his reception of an appointment in 1912 as Instructor in Eye Diseases at the "Post Graduate," followed later on by that of Associate Professor in the same institution.

While in active practice when so much hung in the balance for the father of seven children, being a well known and active prohibitionist, he ran, and very creditably, for Governor on the State Prohibition ticket, backing up his beliefs by considerable sacrifices.

In 1917 Dr. Vaughan was commissioned Captained U. S. Medical Reserve Corps and assigned to important duties at Fort Porter, Buffalo. In that trying climate he came down with pneumonia to which succeeded pulmonary tuberculosis.

Despite every effort at both the Shongum Sanitarium and at the M. E. Sanitarium, Albuquerque, New Mexico, he was finally worsted in his gallant struggle, returning to die at Shongum June 10th, 1921.

Throughout the larger part of his mature life, Dr. Vaughan concerned himself, when opportunity permitted, with not only professional but also religious, social and civic problems.

He was the founder and father of the Morristown "Speedwell Avenue Mission," which he built up from humble beginnings to a successful and sure prospect of usefulness.

Active in patriotic, as well as in professional directions, he was cut down at 46.

Personal Notes.

Frederick S. Crum, Ph.D., Newark, assistant statistician of the Prudential Insurance Co., was accidentally drowned near Oakland, Me., on September 2. He received the degree of Ph.D. from Cornell University in 1897, and for many years was a member of the Newark Board of Health. He was forty-nine years of age.

Dr. Frederick L. Brown, New Brunswick, and family took an automobile trip last month through the Adirondacks.

Dr. Aims R. Chamberlain, Maplewood, and family have returned from Bay Head where they spent the summer.

Dr. Edgar W. Lane, Bloomsbury, spent several weeks in North Carolina recently.

Dr. Frederick W. Owen, Morristown, and daughter have returned home from Christmas Cove, Me., where they spent two months.

Dr. Charles B. Smith, Washington, and a party went by auto last month to New London, Conn., and other resorts on the Sound.

Dr. Theodore B. Fulper, Hampton, and wife spent several days at Atlantic City last month.

Dr. Morgan D. Hughes, Bloomfield, and wife spent five weeks this summer at Moosehead Lake, Maine.

Dr. George H. Lathrope, Morristown, spent his vacation at Spencer Camp, Maine.

Dr. John P. Reilly, Elizabeth, recently returned from Avon-by-the-Sea, where he spent his vacation.

Dr. Samuel C. Haven, Morristown, and wife have returned home from South Milford, Nova Scotia, where they spent the summer.

Dr. Francis E. Knowles, South Orange, and wife sailed last month for England where they will remain for about six months.

Dr. A. B. Twitchell, Newark, has purchased the Knowles house at South Orange, where the Twitchell family will occupy.

Dr. George Vane Morse, Bloomfield, and wife took a three weeks' automobile trip through Maine, Vermont and Massachusetts recently.

Dr. James Douglas, Morristown, on retiring from the treasurership of the Morris County Medical Society after 30 years' service, was presented with a cane.

Dr. Alfred C. Benedict, South Orange, and family have returned from their summer vacation at the Thousand Islands.

Dr. William F. Beggs, Newark, and wife, have returned from an automobile trip to Montreal and Quebec.

Dr. William R. Broughton, Bloomfield, and family have returned from Poland Springs, Me., and Bretton Woods, N. H.

Dr. E. Blair Sutphen, Morristown, and wife recently returned from their vacation sojourn at Spring Lake.

Dr. Horace M. Fooder, Williamstown, has been nominated for Senator of Gloucester County.

Dr. Horace L. Rose, Camden, has been nominated for the Camden Common Council.

Dr. Norman N. Forney, Milltown, and wife recently returned from a motor trip through the New England States.

Dr. Arthur C. Zuck, Washington, spent several days last month at Reading and Harrisburg, Pa.

MEDICAL EXAMINING BOARDS' REPORTS.

	Exam.	Passed.	Failed.
Connecticut, July....	39	32	7
Colorado, April.....	12	8	4
Colorado, July.....	21	19	2
Delaware, June.....	4	4	0
Kansas, Feb.	4	4	0
Massachusetts, May .	27	7	20
Minnesota, June....	55	55	0
Nevada, May.....	4	3	1
No. Carolina, June..	55	51	4
Oklahoma, April....	3	3	0
Pennsylvania, Jan....	82	65	17
Utah, April.....	2	2	0
Vermont, June.....	31	31	0

Ohio in April licensed 26 by reciprocity. The National Board of Medical Examiners, June 14-21, examined 40, licensed 37 and rejected 3.

Public Health Items.

Montclair Health Board.—The twenty-sixth annual report has recently been issued, which shows: 324 deaths during the year, an increase of 38 over the year 1919; the death rate was 11.1 per 1,000 inhabitants. The chief causes of death were: Pneumonia, 56 or 17.3 per cent. of all deaths; organic heart diseases, 57; cancer, 27; tuberculosis, 14; apoplexy, 38; Bright's disease, 22; diphtheria 2 out of 34 cases reported. 15 cases of smallpox, 38 cases of syphilis and 9 of gonorrhea were reported. There were 590 births recorded with 11 stillbirths.

New Jersey Health Report.—During the month of June, 2,800 deaths were reported: 3,934 of children under one year of age; 171 over one year and under five; 946 of persons of sixty years and over. The death rate was 10.09 which was the lowest for several months past. The leading causes of death were: Tuberculosis, 234; pneumonia, 91; cancer, 243; Bright's disease, 270; infantile diarrhea, 88; diphtheria, 40; scarlet fever, 28. There were reported the following numbers of cases: Diphtheria, 548 cases; scarlet fever, 621; typhoid fever, 45; pneumonia, 269; chancre, 8; gonorrhea, 253; syphilis, 277.

State Board of Health Report.—The total number of deaths in the State during the month of August was 2,971; 59 of children under one year; 178 over one and under five, and 930 of persons of sixty years and over. Deaths

from typhoid fever numbered twenty-five, this being the largest mortality from the cause for any single month since October, 1918, when forty deaths were reported. Nine of the deaths were in Burlington County and are attributable to the epidemic which originated at the harvest home held at Jacobstown July 27. The death rate for August was 10.34 which was unusually low.

Duties of Health Officers.—Modern sanitary practice places a multiplicity of duties on the health officer. In the larger communities at least, the burden is sufficient to demand all of the time and energies of the health executive if really efficient health service is to be rendered. Unfortunately, to the legitimate activities of a health department are often added duties which, in the light of present knowledge, have little or nothing to do with preventing sickness or decreasing mortality.—Health News.

Lowering of Resistance.—A great many people suffer from slightly impaired health due to some seemingly trivial cause, from which there is no danger to life, but this impaired health lowers the normal resistant powers of the body so that it is rendered vulnerable to more virulent diseases. The condition that lowers this resistance may not be disease, but be due to the environment, deficient nourishment, the kind of work, or other circumstances.—J. MacKenzie, Brit. M. J.

Infantile Paralysis in New York State.—According to figures made public on September 9, there had been reported to the New York State Department of Health from July 1 to that date 241 cases of infantile paralysis with 21 deaths. It is probable, however, that these figures do not represent the entire mortality from this cause. The total number of cases of infantile paralysis reported to the New York City Health Department during this period was 78, making a total of 319 for the entire State. Fifty-eight cases have been reported from Utica.

Official Report of the Influenza Pandemic in Cuba.—This report, made by Dr. Le-Roy y Cassa, appears in *Sanidad y Beneficencia*. The epidemic appeared in October, 1918, and spread rapidly over the island. Of similar episodes in the past we have records of but two, the epidemic of "dengue" in 1828, which was almost certainly not influenzal, and that of undoubted influenza in 1889-90. In only a few months of the time since this 1890 pandemic has there been a total absence of influenzal deaths, so the disease may be regarded as endemic in the island. In May, June, and July, 1918, there was an epidemic coinciding in point of time with the first pandemic wave in Europe, but apparently quite unconnected with it. Between July and October there was no suggestion of epidemicity. The duration of the recent pandemic was from October, 1918, to April, 1919, when it had abated to the normal rate. During this period there were 6260 victims of the disease, of which considerably over one-third occurred in the month of November alone. As the estimated population of the island is more than 2,800,000, the mortality was 22.32 per 1,000 inhabitants.

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CANCER NUMBER OF JOURNAL

RECORD OF "CANCER WEEK"—OCTOBER 30—NOVEMBER 5, 1921

VITAL FACTS ABOUT CANCER.

During the World War the United States lost about 80,000 soldiers. During the same two years 180,000 people died of cancer in this country. Cancer causes one out of every eight deaths among women of 40 and over, and about one in every thirteen deaths among men. It is more frequent than tuberculosis or pneumonia among people over 40 years of age. It appears to be on the increase in every civilized country. The death rate in the United States registration area increased from 63 per 100,000 population in 1900 to 81.6 in 1917.

Why Women Should Know About Cancer.—Between the ages of 35 and 45 three times as many American women as men die of cancer, between the ages of 45 and 55, twice as many. Generally speaking, the excessive mortality among women is due to cancer of the breast and of the generative organs. These forms of the disease, like others, are curable by competent treatment in the early stages. But the warning signs must be learned and heeded.

Why Everyone Should Know About Cancer.—The American Society for the Control of Cancer says that the following essential facts should be familiar to every intelligent adult:

1. Cancer begins as a small local growth which can often be safely and easily removed in the early stages by competent surgical treatment, or in certain favorable cases by radium, x-ray, or other methods.

2. The beginning of cancer is usually pain-

less; for this reason its onset is doubly insidious and other danger signals must be looked for and heeded in time.

3. Cancer is not a constitutional or blood disease and there should be no thought of disgrace or hereditary taint associated with it.

4. Cancer is not a contagious disease and there is no danger from living in the same house or from contact with a patient.

5. In any ordinary sense, cancer is not inherited. Some authorities believe that there may be inheritance of a certain tendency to the disease, but even in this is not clearly established. The disease is so frequent that by the very law of chance many cases will occur in some families. Life insurance companies do not regard cancer in the family as a reason for rejecting applicants or increasing premiums.

6. A persistent lump in the breast, or continued abnormal discharge or bleeding should take a woman to her doctor forthwith. The increased flowing which frequently occurs at the change of life, is always suspicious, as is the return of flowing after it has stopped.

7. Sores, cracks, lacerations, lumps and ulcers which do not heal, warts, moles or birthmarks which change in color or appearance are danger signs which demand competent medical investigation and treatment.

8. Persistent indigestion in middle life with loss of weight and change of color, may mean internal cancer.

9. Continued irritation in some form rather than a sudden blow, is the usual exciting cause of cancer.

10. A doctor who says "Wait and see," assumes a serious responsibility. No competent doctor will treat a suspicious symptom without making a thorough examination.

Doctors should correct the mistaken notions that cancer is generally incurable and that it is a disgrace, having hereditary taint. They should disarm needless fear of an operation and warn against nostrums and "cancer specialists" who exploit their "harmless sure-cure" at the expense of the gullible sufferer.

CANCER INFECTION.*

By **Albert J. Ochsner, M.D.,**

Chicago, Ill.

Surgeon-in-Chief, Augustana Hospital and St. Mary's Hospital; Professor of Clinical Surgery in the Medical Department of the University of Illinois.

As far back as medical history extends there have been certain diseases which have been looked upon and feared by the public because they have been supposed to be transmissible from one person to others in some way. Their mode of transmission has been explained in many cases since their etiology has been determined by finding certain microorganisms which could be isolated, grown upon culture media, and which when inoculated upon healthy animals or upon human beings produced the identical disease from which the patient suffered from whom the original micro-organisms were taken. In this manner diseases which had for centuries been looked upon as contagious or infectious were definitely proved to be so. Other diseases, like measles, scarlatina, and smallpox, in which it has not been possible to isolate the specific micro-organisms, are so evidently due to infection that no one is in doubt about this fact.

For many years the public consciousness—often called superstition—has recognized the infectiousness of tuberculosis, leprosy and cancer, while many of the most learned members of the medical profession have claimed the contrary because the infectious character has not been demonstrated on account of technical difficulties. These have fortunately been cleared away in the case of tuberculosis and leprosy, but not as yet, so far as general knowledge is concerned, in the case of cancer.

Had Robert Koch or some other investigator not demonstrated the tubercle bacillus, there is no doubt but what hundreds of thousands of healthy persons who are now protected against tuberculous infection would still be exposed to this danger precisely as they are exposed to the danger of infection from cancer today. This is due to a simple error in logic. We disregard the popular prejudice because we cannot demonstrate a scientific basis for this prejudice instead

of accepting the popular prejudice as being in all probability based upon observation and knowledge which were lost during the dark ages, but which were well founded upon fact during the ages which preceded this period of ignorance. We say because we cannot find the agent of infection therefor it does not exist instead of saying our ignorance and incompetence and lack of skill and insight have prevented us up to the present time from discovering this agent, hence we must approach the question always from a new angle until we will ultimately succeed in establishing conditions which will enable us to determine this cause.

We may say that the appearance of cancer is preceded so constantly by long-continued local irritation, as in smoker's cancer, the cancer of betel-nut chewers, that of paraffin workers, chimney-sweeps, etc., that we are justified in considering this irritation as the actual cause. What would we think of a farmer who would fail to put seed on his land because he has observed that the soil has to have a certain degree of preparation before a certain crop can grow? In the same way we have observed that cancer will develop very constantly on the proximal side of the pylorus and on the distal side of the ileocecal valve, while it will develop only rarely between these two points. The fields in which it will develop contain substances acid in reaction, while the intestinal contents in the intervening portion are alkaline. The farmer knows that he can grow rye in an acid soil but in order to produce a growth of alfalfa or red clover the soil must be alkaline. In either case, however, he must sow the specific seed which will produce the growth desired.

We know that it is an easy matter to transplant carcinoma nodules from one animal to another but that if these nodules are exposed to a temperature of 160° F. no growth will occur. This may mean that tissue itself cannot live in a temperature higher than this or it may mean that this is the limit for the life of the infectious material causing the cancer.

For many years the fact that the few experiments in transplanting human cancer from one person to another have failed has been looked upon as proof for the non-transmissibility of cancer from person to person. Of course, this has been long disproved by animal experimentation, but it serves as an example of the

*Read before the Southern Surgical Association, December, 1920, as given in the *Annals of Surgery*.

harm that can be done by concluding that because one has failed to prove a fact therefore it has been disproved or because one has not been able to do it therefore it cannot be done. For years the failure of attempts to transplant cancer or to inoculate cancer from one person to another was used as an argument against the infectiousness of cancer. This would not be of much importance were it not for the fact that in the meantime while we are waiting for some person who is competent to discover the cause of infection, the public are encouraged in exposing themselves to this infection, against which popular prejudice might otherwise protect these persons.

A study of the literature shows that less than thirty years ago Langstaff ("Studies in Statistics," London, 1891) and many others proved statistically and to their minds scientifically that tuberculosis is not infectious or contagious because in many families the husband or wife suffered and in many instances died from the disease, the other partner remaining free from it. This identical argument is being advanced in the case of cancer. The fact that the soil must be proper as well as the seed in order to secure growth is being overlooked in the case of the cancer as it has in every disease which has been classed as infectious or contagious by popular belief or prejudice.

The experiment of Miss Slye with white mice shows conclusively that certain animals are more susceptible to the development of cancer of heredity than others.

Table I. shows the difference in distribution of cancer to different parts of the body in nationalities whose habits of living are very different, the parts of the body exposed to contact with filth being extensively infected with cancer.

India—per cent. of carcinoma death: stomach, 0; esophagus, 0; liver, 6.0; buccal, 8.0; larynx, 1.4; skin, 1.2; breast, 13.0; uterus, 6.0; male genitalia, 18.0.

Japan—rate per 100,000 population: stomach, 52.3; esophagus, 12.4; liver, 7.3; buccal, 2.3; larynx, 2.3; skin, 0.8; breast, 0.6; uterus, 11.0; male genitalia, 0.

Table II. shows the number of deaths from cancer per 100,000 population in different important cities: Copenhagen, 161.3; Berlin, 133.5; Amsterdam, 116.7; London, 111.7; Rome, 100.5; Moscow, 94.8; Sydney, 90.1; Petrograd, 85.6; Buenos Ayres, 85.1; Chicago, 78.9; New York, 77.1; Tokio, 73.6; Osaka, 55.9; Calcutta, 11.7.

Table III. shows death rate per 100,000 by race and organ:

	Br'st	Face	Int.	Stom.	Uterus
Japanese ...	19.8	0	0	12.1	57.6
Chinese ...	26.5	0	8.3	0	50.0
Portuguese ...	58.0	3.7	0	0	40.8
Hawaiian ...	93.8	13.7	0	2.0	27.5

Asia, rate per 100,000: Ceylon, 5.6; Hongkong, 8.1; India, 11.7; Penang, 10.3; Japan, 60.2; Shanghai, 55.3.

(These tables are based on statistics given by Dr. F. L. Hoffman.)

The fact that whole families of human beings have died of cancer has been used as an argument in favor of infection because living together they are all likely to be exposed to the same sources of infection. The same has been claimed for houses in which successive families have died of cancer.

On the other hand, these conditions have been ascribed to coincidence or to hereditary tendency.

The fact that surgeons do not generally die of cancer has been given as an argument against infection. If one observes the care with which surgeons guard against possible infection of any kind this argument at once loses all weight.

The fact that we find the same histologic structure of metastatic cancer that we find in the primary growth has been used to discredit the infectious theory. Metastases must consequently be transplanted particles of tumor tissue and not infections at a distance from the original growth. If the cause of cancer is an infection apparently it sets free living cells, some of which will continue to grow after being carried to a distance by the lymph-stream or the blood-stream.

There seems to be an exception in case of Paget's disease of the breast, in which one may find squamous epithelium in the original cancer about the nipple, columnar epithelium in the secondary cancer along the milk duct and glandular cancer in the mammary gland, while there may be metastases in the axillary lymph-nodes with characteristic glandular cancer. In these cases apparently the skin, the milk ducts, and the gland tissues were successively infected, while the new growth in the lymph-nodes represents a true metastasis.

In urging the importance of taking every precaution against cancer infection, notwithstanding the fact that its infectiousness has not been proved, we simply suggest a wise precaution which can do

no harm, while it may do an endless amount of good, because in case the disease is due to infection every additional case is a menace to others.

In the meantime it would be equally unwise to ignore the various other theories which have been advanced. According to Virchow's theory, cancer is due to local irritation either mechanical, as in the form of friction or pressure, as in smokers' cancer and the cancer of betel-nut chewers, or chemical, as in paraffin workers, chimney-sweeps, and electric irritation, as in x-ray workers, or heat, as in workers in certain trades.

This theory has an important practical bearing because by avoiding all of these forms of irritation undoubtedly many cases of cancer can be avoided, according to the view of those believing in cancer infection because the soil has not been prepared for the infection.

Cohnheim's theory of embryonic origin, Hanseman's of "anaplasia," Ribbert's of "tissue tension," and Adami's of "habit growth," all aid in explaining the development of cancer, but in each instance the seed in the form of some form of infection is missing.

The fact that cancer is a disease of old age can be reasonably explained from the fact of: (1) Reduced resistance; (2) long years of exposure to irritation; (3) long time of exposure to cancer infection.

The fact that cancer occurs upon the exposed portions of the body and not upon the parts covered with clothing would point toward the fact that the exposed portions are not only more exposed to external irritation but also to infection.

In the case of the Kangri burns of Kashmir which cause cancer of the abdominal skin underneath the charcoal warmers worn over the abdomen, we have the constant irritation coupled with the fact that these people are extremely uncleanly, so that no part of their bodies is free from infectious material.

Cancer occurs almost exclusively in portions of the body exposed to the irritation of the outside world. This includes the gastro-intestinal canal which comes in contact constantly with filthy food in locations in which stasis insures long-continued contact and persistent irritation.

We find a notable example in the enormous amount of cancer of the stomach in manure-eating people, i. e., people eating raw vegetables growing in soil fertilized

with night-soil or with barnyard manure. A marked example of this is found in the Japanese, who eat such vegetables in abundance and who suffer greatly from cancer of the stomach, while the inhabitants of India, whose religion commands them to boil food and drink, are notably free from stomach cancer.

On the other hand, the Japanese are scrupulously clean regarding their skin, being habitual bathers in hot water. They are very free from external cancer. The people of India, on the other hand, who are not clean as regards their skin, suffer largely from cancer of the skin. The same is borne out among the manure-eating animals. Barnyard fowl are notoriously unclean in their diet and those individuals who do not lose their lives while young are very prone to suffer from cancer. The same is true of the pig, although according to our modern methods, these animals are marketed so young that they rarely reach the cancer age. Is it not possible that the founders of the Jewish law prohibiting the eating of pork may have been founded on knowledge? The same is true of dogs, rats and mice, who are all subject to cancer, while animals like rabbits and others eating clean food are practically free from cancer.

Marine and Gaylord have shown that fish living in ponds infected with excrement develop cancer, especially of the gills, which are the least protected part of the body constantly in contact with the soiled water, while control animals living in pure water will remain free from this disease.

There are many facts which seems to point to sewage and manure as the home of the organism causing cancer. Behla made a careful study of Luckau and found that cancer was four times as common in the low-lying portions as in the higher regions; in other words, in the portions to which the drainage was carried. He also found much cancer in dogs in this region. He also found that the communities afflicted severely with cancer consumed large quantities of home-grown vegetables. In this part of the country human excrement is used extensively for fertilizing vegetable gardens. Haviland also found after careful analysis that low-lying districts are full of cancer. Mason, in his careful investigation of 400 cases at Leamington, England, came to the conclusion that sewage is an important factor in the production

of cancer. An apparent discrepancy comes from the statistics of the city of Edinburgh, showing that cancer was found to be more frequent in houses demanding a high rental while tuberculosis was more frequent in houses of low rents. However, it seems clear that the former occupants could afford to eat raw vegetables while the latter had to be satisfied with porridge and less expensive foods.

Again Meldorf states that of 1,500 patients in Esquimeaux only 1 per cent. had tumors and that only a few of these were malignant. The low percentage of cancer in the arctic regions has been confirmed by many other observers. In these regions no vegetables are grown which are fertilized with human excrement or with manure, hence there can be no contamination with human excrement. An important exception to this is the city of Hammerfest, but I have not the data concerning its food supply nor its water and sewage systems.

In the tropics observers agree that cancer of the stomach is extremely rare. Here again this form of contamination is absent except where the vegetable gardens are conducted by the Chinese or Japanese. In the tropics human excrement is not used in fertilizing garden vegetables because these grow vigorously without this aid; moreover, fruits are so plentiful that they are used in preference and, of course, these are not easily contaminated.

In studying the statistics I have been impressed with the fact that cancer of the alimentary canal is uncommon wherever food and drinking water are not contaminated with sewage or manure. An interesting observation has been made in the case of the Chinese who drink no unboiled contaminated water but eat an abundance of vegetables fertilized with human excrement. As might be expected, they show a high mortality from stomach cancer.

The most convincing argument, however, of the infectiousness of cancer lies in the studies of Professor Smith, who has proved to the satisfaction of those competent to judge that cancer in plants is due to a micro-organism which he has been able to isolate and cultivate and which produces cancer when inoculated upon healthy plants. In human cancer further studies are needed, and it is hoped that these will be continued vigor-

ously and that in the meantime healthy persons be not exposed unnecessarily to cancer infection.

The fact that none of the many observers like Roppin, Schill, Francke, Lampiasi, Scheuerlen, Konbassoff, Doyen, Wickham, Thoma, Sjobring and many others have been able to prove to the satisfaction of others that they had found the micro-organism causing cancer must not be construed to prove that such an organism does not exist, because precisely the same failures were experienced before the tubercle bacillus, the bacillus of leprosy, the spirochaete of syphilis, the plasmodium of malaria, and many others were finally discovered.

Clinically all of these diseases were infectious and it was only a matter of patient labor to find the living cause.

CANCER OF THE STOMACH.*

By F. B. Lund, M.D., F.A.C.S.,
Boston, Mass.

The one discouraging thing about cancer of the stomach is the lateness of the period at which we get the cases. Cancer of the stomach usually belongs to the type of adenocarcinoma, which we know to be slow of growth. Nevertheless, the diagnosis is often made very late. Unless the growth is at the pylorus, when it causes early obstruction, the patient not infrequently loses weight and strength without realizing that his stomach is at fault. They are often treated with drugs and diet for long periods, without even having x-ray examinations made, and in some very bad cases which have come to me lately, the x-rays have been misinterpreted. At any rate, I know that in the vast majority of cases that come to me, the growth has metastasized to the glands, colon or liver, and on exploration I find that I cannot move it. However, I very rarely deny these patients exploration, for in several cases in which the x-ray, and clinical evidence, almost made us despair, I have been able to remove the growth. The removal of the cancer of the stomach is a major operation, and more depends upon the personal equation and skill of the operator than in the vast majority of surgical procedures. The re-

*The concluding part of the paper read by Dr. Lund on The Surgical Treatment of Ulcer and Cancer of the Stomach, read before the New Hampshire Medical Society, May 26, 1921.

moval must be thorough, extending well into the healthy tissue above and below, and adequate drainage must be provided. Until a few years ago, the old method known as the Billroth number two, was the preferable. It consists of excision of the growth, inversion and purse-string suture of the duodenal end, closure of the opening in the stomach and a gastroenterostomy. This was easier and safer than the old Billroth number one, which, as you know, consisted of suture of the incision in the stomach down to a point where its opening coincided in size with the end of the duodenum and direct anastomosis with that end. The dangers of this were, (1) tension, (2) leakage at the point where the suture of the stomach wound came in contact with the anastomosis. Polya's operation was a great improvement, and enables us to save a lot of time, for it used the line of excision in the stomach for the anastomosis, and we do not have to sew up this very long opening and then make another for the anastomosis. As first performed, however, by the posterior route, it has been found to carry the danger of constriction of the intestinal loop by the opening in the transverse mesocolon and the method of bringing the loop up in front of the colon has made it by far the safest and easiest operation for cancer of the stomach.

As stated, by far the larger number of my exploratory operations for cancer of the stomach result in finding a growth which has taken months, or years, and produced a metastases to the colon, lymphatic glands or liver, and is absolutely inoperable. I am sure that this condition reflects very badly upon the intelligence of the medical man and often of the patient. People go on, and, I am sorry to say, some doctors watch them go on, with gastric symptoms, losing weight, strength and color for long periods. Carelessness and complacency are the reason for very many of our bad results in cancer. Let us try and see to it that they are better.

There is one more point that ought to be considered—the procedure to be adopted in gastric cancer too extensive for gastroenterostomy. If there was evidence of obstruction of the pylorus, I used to perform gastroenterostomy for temporary relief. This sometimes relieved the stasis for a while, but always left the patient with the same nasty,

bleeding growth he had before. The best that could happen was for him to live two or three months longer, and then die of a return of his symptoms. Now, these patients are usually so uncomfortable and miserable that I do not care to prolong their existence. Therefore, contrary to my former practice, I usually sew up the abdomen without doing a gastroenterostomy.

In regard to excision of cancer of the stomach, quite the contrary can be said. Occasionally we get a case in which the patient remains well for five or more years. At any rate, we remove a nasty, bleeding, ulcerated mass from the stomach, and the patient usually begins at once to gain in weight and general condition. Gains of thirty to fifty pounds are not rare, and the patient has from six months to several years of good health. Such a prolongation, in the later years of life is not to be despised, and considering that, without operation, the condition is absolutely hopeless, it seems quite worth while to do the work. The immediate convalescence from a resection of the stomach is as simple as that from an ordinary gastroenterostomy, and that operation in time causes the patient no more discomfort than an operation for appendicitis.

One more point and we are done. In determining whether a cancer is operable or not, we ask the same question as we did in deciding about the excision of an ulcer,—can the operation be made easy, and therefore safe? Anything which is movable can be drawn well out into the wound, and if there are no metastases beyond our reach, can be removed. In definite cancer, we are justified in taking more risks than in ulcer, because we are dealing with a condition that without operation is hopeless. If a patient is very weak, but the cancer is movable, we may perform a two-stage operation, which I adopt more often now than formerly. The stages are: first, a gastroenterostomy, performed as far to the left in the stomach for the performance of the resection; second, excision of the growth, with closure of the duodenum and of the end of the stomach. The second operation is complicated sometimes by adhesions from the first operation, but after an interval of two weeks of intensive feeding, the patient will stand the excision perfectly well, and the gastroenterostomy having been done, we do not

have to allow the extra time for it. Generally speaking, the one-stage operation is more satisfactory, but two-stage operations, although disagreeable both to the patient and the surgeon, will often save a life.

The addition of transfusion and the two-stage operation to our repertoire have considerably extended the possibilities of gastric surgery.

CANCER OF APPENDIX: REPORT OF TWO CASES.

By **Joseph M. Perret, M.D.**

(From the J. T. Nix Clinic, New Orleans, and published in the New Orleans Med. and Surg. Jour.)

Malignancy of the appendix is of interest on account of its comparative rarity. Carcinoma is much commoner than sarcoma. It is to the surgeons and to the pathologists that we owe our knowledge of these conditions. Many of the cases cannot be recognized from a gross examination of the appendix and it is only when the organ is submitted to a microscopical examination that the true condition is revealed. This then seems to be a reason why every appendix removed at operation should be sent to the pathologist for routine study. If this were done it would not be long before we would have a good number of cases of cancer of the appendix on record. Again we must remember that all cases are not reported. The earliest case of primary carcinoma of the appendix was reported in 1838. Up to the beginning of this century only a few cases had been reported. From 1900 to the present time about 300 cases have been reported. Before proceeding to the report of my two cases, one of which was a primary carcinoma of the appendix, and the other about which there is some doubt as to the primary origin, appendix or cecum, I think it well to briefly review our knowledge of cancer of the appendix.

Incidence—Da Costa says that "malignant disease of the appendix is a very rare condition." Kelly and Noble are of the opinion that "primary tumors of the appendix are infrequent and secondary invasion is extremely rare." Kemp states that "this condition has been considered rare, but it has been demonstrated to occur more frequently than was formerly supposed." Riegel in 243 autopsy cases of cancer of the intestines occurring at

the Vienna General Hospital from 1882 to 1893 found only one case of cancer of the appendix. Routine microscopic examination of 5,000 appendectomies at the Mayo Clinic by MacCarty and McGrath showed microscopic evidence of cancer in 22 cases. In a second series of 3,039 specimens, 18 disclosed evidence of cancer. J. J. Coons in 1914 reported 4 cases found in an examination of 1700 specimens. Reimann in 1919 reports from Deaver's Clinic 17 cases from an examination of 13,151 appendices. Adams in 1919 reports a case and says that he found 3 other cases in 7,000 appendectomies at St. Thomas Hospital. Age—Youngest case was five years, oldest eighty years. Most of the cases occur between twenty and thirty years, 24% are under twenty years; 53% are under thirty years.

Sex—More common in females. From 8,000 appendectomies at the Mayo Clinic 73% of the malignant growths occurred in females.

Morbid Anatomy—The tumors are usually small. Masses up to the size of a walnut have been reported. The gross appearance may be that of a fibrous tumor. Sometimes it has presented caseation and has suggested tuberculosis. In at least three-fourths of the cases the growth is distal to the middle of the appendix. Of the 90 cases mentioned in Da Costa only eight had enlarged glands and in four of these the glands were non-malignant. Histologically the carcinoma is usually of the spheroidal type.

Symptoms—Clinically, the history is that of some form of appendicitis.

Diagnosis—Cancer of the appendix is recognized only at operation and autopsy. MacCarty and McGrath say that in 17 of their 22 cases diagnosis by the surgeon at the time of operation was impossible and that the carcinomatous condition was only revealed microscopically. In four of Reimann's cases the condition could not be recognized grossly even when the histology was at hand.

Prognosis—The great majority of the cases are benign, but malignant possibility is to be considered as metastasis and extension have been reported. The chances for permanent cure after removal of the appendix, the seat of malignancy, is very good if the disease is limited to the appendix.

Case No. 1.—Miss M. M., a white woman of 22 years, a native of Italy, was seen at the

Clinic on June 23, 1920, and complained of diarrhea. During the past month she had 12 to 16 watery stools during the day and 4 to 5 stools during the night. She had anorexia and felt nauseated after meals. She had lost 8 pounds during her present illness. Past history was negative, except that in 1918 she had influenza for two months. In 1915 her tonsils and adenoids were removed. Menses began at age of 13 years, lasted from 6 to 8 days, 30-day type. She suffers so much on the first day that she has to remain in bed. Family history is negative for tuberculosis, cancer and intestinal diseases.

Physical Examination.—The patient is of small physique, emaciated and weighs 94 pounds. Temperature 99° F, pulse 90. Blood pressure, systolic 98, diastolic 75. Skin is negative. Mucous membrane and tongue are negative. Teeth are in fairly good condition. The tonsils have been removed. The pupils are equal and react to light and accommodation. The knee jerks are lively. The heart and lungs are negative. Over the entire abdomen slight tenderness is elicited. There is no rigidity. The viscera are not palpable.

Operation advised on account of dyspeptic symptoms and dull pains in appendix region since her first visit to the Clinic.

Operation.—On September 21, 1920, under ether anesthesia the abdomen was opened by Dr. Nix and the appendix removed. Operative diagnosis: acute appendicitis. The patient made an uneventful recovery and left the hospital on the ninth day. No idea of the malignant condition of the appendix was suspected at time of operation.

Pathological Report.—The appendix is about 6 cm. in length by 0.5 to 1 cm. in breadth. Its general appearance is club-shaped with the large portion at the free extremity. In appearance and to the touch it suggests a chronic thickening. The vessels of the serous coat are engorged. The serous coat is rough and small bands of fibrous tissue suggest its adhesion to surrounding tissues. On section the wall is thickened and the mucosa is well defined, in some places broader than normal. The contents show mucus and feces. Microscopical examination shows the relation of all layers, serous, muscular, submucous and mucous well retained, though there is a distinct thickening of every structure, particularly at the free end of the organ. The mucosa shows no abnormal shape except at the broadest portion of the appendix where there is marked disarrangement (dipping) of the glands into the deeper structures (submucous and muscular coats). In these tissues there is also marked infiltration of embryonal epithelial (glandular) cells. There is no attempt on the part of these cells to form glands though it is evident that their origin is from the mucosa. The cells are mostly arranged in groups and show complete lack of differentiation and there is active mitosis of many. Slight chronic exudative inflammation is present.

Diagnosis.—Carcinoma of the appendix.

Progress Notes.—January 20, 1921, patient returned to Clinic and wanted to know why she was not gaining weight more rapidly. Her present weight is 97 pounds. She weighed 80 pounds on leaving the hospital after the appendectomy. She also felt weak. Up to a

week ago she had had for three weeks a slight afternoon rise in temperature. Her appetite and digestion are good and her bowels are now regular. Patient is in better physical condition than when previously examined. Crepitant rales were heard at left apex but did not persist. Abdomen is negative. Vaginal examination negative. January 19, 1921, Fluoroscopy of chest, by Dr. E. Escalante. Lungs, diaphragm, heart, aorta and mediastinum were negative. April 19, 1921, patient again seen at Clinic. One and a half months ago she contracted a chest cold which is now practically well except that she had a dry cough. Appetite and digestion are good and bowels move once or twice a day. Her appearance is good and she now weighs 102 pounds, a gain of 22 pounds since her operation, on September 21, 1920.

Examination of heart, lungs and abdomen are negative. In spite of the repeated negative physical examination of her lungs, I suspect tuberculosis on account of her physique, her susceptibility to respiratory infections and her Italian extraction. It is too soon to say whether she is cured of malignancy.

Case No. 2.—Mrs. J. Y. Le J., white female, age 44 years. She complained of abdominal pains for the last two years, much worse at present. No menses for the last three months. Examination showed a large sensitive mass above the appendix region.

Pre-Operative Diagnosis.—Appendicial abscess. September 18, 1920, operation by Dr. H. W. Kostmayer. Abdomen opened by right rectus incision. A large, hard friable mass was found occupying the head of the cecum, the terminal ileum and the appendix. First attempt at freeing the mass led into the cecum, next attempt detached the mesentery from the terminal ileum. Drains were inserted after removal of a section for diagnosis. Patient died the next day probably from toxins rapidly absorbed during the operation.

Pathological Report.—Tissue received measures 6 cm. in length and 1½ cm. in thickness at its greatest width. Irregular in outline, no definite appearance of an appendix, though on section there is seen an irregular lumen, with intermittent stretches of mucosa. Lumen contains a thick, dark brown colored exudate. Outer surface shows bands of dense fibrous tissue which strands of unstriped muscle tissue and here and there groups of lymph adenomatous tissue (lymph follicles). There are also a number of transverse and longitudinal sections of glandular elements, some showing mucus-bearing cells (goblet cells). In other sections the normal histology of the appendix is more easily recognized. Throughout the entire tissue are groups of cells, epithelial in type, but with imperfect differentiation (embryonal) and irregular in size. Many show active mitosis. There is some attempt of the cells of some of these groups to arrange themselves in glandular formation. The attempt is very imperfect. A number of eosinophile and plasma cells are scattered throughout the tissue (chronic exudate inflammation). The dark-brown colored contents of the lumen represent cell detritus, mucus and blood.

Diagnosis.—Carcinoma (glandular) of the appendix.

My thanks are due to Dr. H. W. Kost-

mayer who has furnished me the data of Case No. 2 and has allowed me to report it; and to Dr. M. Couret, pathologist of Hotel Dieu, for the excellent pathological reports.

References—No attempt has been made to review the literature. To those who are interested in this phase of the subject, I will refer to an article by E. H. Boyer, B. Sc., M. Sc., *American Journal Medical Sciences*, Vol. CLVII, No. 6, June, 1919, entitled: *Primary Carcinoma of the Vermiform Appendix*.

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CARCINOMA OF THE FEMALE PELVIC ORGANS.*

By Edward J. Ill, M.D.

Newark, N. J.

Carcinoma of the female organs present themselves so commonly that they deserve a close study. There are 8,500 deaths from carcinoma a year in the United States. 7,500 women died of breast carcinoma, 1,200 of uterus carcinoma. The cancer deaths in New York State in 1913 show that 26.3% of all female cancer cases are from the female pelvic organs. This is a tolerably accurate statement for the deductions are from 4,313 cases. The breasts furnish another 18.1% so that together these two sets of organs so vital to women and the race present in all 44.4% of deaths or nearly half.

These organs being involved so commonly it is our particular duty to first understand the earliest symptoms, subjective and objective so that early treatment may be instituted. Secondly, it is one of our missions to constantly draw our patients' attention and the attention of the laity in general to the very earliest symptoms. It should be an educational matter. This presumes of course that we ourselves should know these subjective symptoms. It is unfortunate that

pain is not an early symptom. Women give little heed to a discharge, to a small lump in the abdomen or in the breasts. In regard to the latter two I think there is very great improvement. Patients have become suspicious of a lump or tumor even before it produces pain. The onset of pain makes it a hopeless case. It always means the involvement of the surrounding tissues and organs and pressure symptoms.

It seems to me that the work of the "American Society for the Control of Cancer" has had a wide influence in regard to drawing the laity's attention to the early symptoms and the need of early treatment. As a matter of fact, during the past three years there has been a slight decline in the death rate from cancer.

One of the earliest subjective symptoms of carcinoma of the cervix is a slight flow of blood on sexual intercourse.

Whenever the society at whose request we have met today, has sent me out to talk to women I have always and straightforwardly advised them of this symptom. When a young girl bleeds excessively or beyond her usual time it is not considered a grave symptom, but if a woman after forty has such a bloody discharge and especially if this discharge is of a bloody watery character, our attention must be immediately drawn to the likelihood of malignant disease. A bloody discharge from the cavity of the uterus rarely means anything else and surely means such a condition when the discharge occurs in women after the menopause.

Carcinoma of the cervix even in the early stages, when the ulceration is no larger than a 25c silver coin, should present no obstacle to the diagnosis. A friable easily bleeding mass with elevated border and a center of broken down tissue is the usual picture. Large pieces can be gouged out with a curette. The diagnosis becomes more difficult when the carcinoma is in the canal and here again the curette brings away pieces as it would from a piece of cheese. The microscope in doubtful cases should always be resorted to. In corpus carcinoma curetings do not always tell the true story for the tissue may have been removed from such a portion that has not as yet become infiltrated with cancer. I would therefore much rather rely on the objective symptoms of a watery bloody

*Read at the meeting of the Academy of Medicine of Northern New Jersey, November 3rd, 1921.

discharge, a boggy uterus and an endometrium that bleeds copiously on instrumentation.

The prognosis by operation in the corpus carcinoma is absolutely good provided that contact infection has been guarded against. In the cervical carcinoma the outlook by operation is rather gloomy. I have never seen a case of carcinoma of the cervical canal remain well, and only a few of those operated on for carcinoma of portio-vaginitis. I have given up entirely the operation for cervical carcinoma and substituted radium. Not so, however, for corpus carcinoma when the prognosis by operation is almost absolutely good.

Carcinoma of the vulva has of late years become more promising by operation since the whole vulva and the inguinal glands have been removed in one piece and with the greatest care to avoid contact infection. Radium has shown most remarkable results. Vaginal carcinoma is very rare and need not concern us. Operation has been rarely followed by permanent recovery.

Carcinoma of the ovaries are of frequent occurrence. Usually we see several cases in a year. They are of the greatest interest pathologically. The prognosis is good with the papillary masses have not broken through the external layer and very bad when they have. Nevertheless we have seen two cases when the papillary masses have broken through the enveloping layer and there was no recurrence in two and a half and six years. The diagnosis is usually not difficult. The irregular masses can be felt in the fornix, ascites is an early symptoms. They usually occur bilaterally. Here we must remember that the ordinary proliferating cystoma proves to be malignant in six per cent. of the cases when the pathologist has failed to recognize such malignancy. It behooves us therefore to remove these proliferating cysts in one mass rather than by morcellation which one must do when the tumor has reached a large size.

Metastasis from uterine carcinoma are rare, though I have seen intestinal and hepatic metastasis even in corpus carcinoma. I have not time to go into breast carcinoma. A constant symptom is the fixation of the tumor in the surrounding tissue and this can be made out very commonly. In spite of all that I am often glad to have the pathologist at my elbow

and a high regard for his opinion though it may sometimes fail, but then everyone sometimes goes wrong except the fool.

Whatever plan of treatment we select the one thing remains of paramount importance and that is the early diagnosis. The patient's salvation depends on it and the patient will hold the doctor responsible for its neglect.

THE RESPONSE OF VARIOUS TYPES OF CANCER TO RADIUM.*

By Douglas Quick, M.B., (Tor.)

Attending Surgeon, Memorial Hospital
New York City.

During the past two or three years radium has come to occupy a much stronger position in the treatment of malignant diseases. The mass of experience being accumulated, both clinically and experimentally, gives us something definite to work on. While this is far from complete, it nevertheless permits the drawing of certain conclusions at present. The results now obtained must not be compared with those of even three or four years ago. With an experience steadily being added to and with technique changing to meet this, we feel that results have been immeasurably improved. There is no doubt but that this improvement will continue.

The purpose of this paper is to give some idea of the present value of radium as a therapeutic agent. In the first place, it must be understood that radium is not a "cure-all." Neither does it fulfil the first principle of being a cancer cure—that of being a constitutional agent. It is, however, the greatest single agent at our disposal in combating malignant disease. At times, it, alone, is sufficient to produce a complete regression of the disease, while at others, in combination with surgery the greatest good can be accomplished. In dealing with most types of cancer at present our chief hope lies in the judicious combination of radium, x-rays and conservative surgery. Along these lines we feel that we have already accumulated considerable valuable evidence.

It is fallacy to think that radium is an agent to be used where all others have failed. Much of our earlier information in this field was obtained on such cases

*Read at the October meeting of the Hudson County Medical Society.

and, while valuable to us, I cannot say that it always resulted in benefit to the patient. It is true that many cases may be given palliative relief for a considerable length of time where no hope could be entertained for a complete regression of their disease, but, there is a limit beyond which it is not only useless but harmful to proceed. We must recognize the fact that, in dealing with malignant diseases, there comes a time when even the physical agents are of no avail for temporary relief.

While radium reactions are not always painful, there are certain types of cases in which complete regression of disease cannot be obtained without going through a distinctly painful period. This is an added reason for withholding it from the hopelessly advanced case. There is, however, a vast difference between the inoperable and the hopelessly advanced case, in many instances.

Since our earlier results were all obtained in dealing with inoperable cases, it was only reasonable to feel that more favorable cases would respond much better. I believe time has proven this to be a fact. There are groups of cases which we now confine entirely to the use of radium even though distinctly operable in the surgical sense.

The general impression is to regard cancer as one disease, or perhaps divide it into carcinoma and sarcoma, rather than as a large group of allied diseases. It is necessary to study the histology of all neoplasms very closely and correlate the radium results with this in order to arrive at any definite conclusions of therapeutic results.

In general, the rapidly growing cellular tumors respond much more rapidly to radiation, but the end results are equally unstable because of the danger of early and widespread metastases. Lympho-sarcoma belongs in this group and hence we often hear the statement that sarcoma responds much more favorably to radium than carcinoma. Nothing could be farther from the truth. Lympho-sarcoma is by no means an index to the true sarcomas, such as the osteogenic sarcomas of bone—a type of malignant disease in which radium, like radical surgery, has done very little as yet.

Neoplasms which tend to remain localized and metastasize late in the course of the disease are most favorable. Those which metastasize locally only are more

suitable than those which extend widely and early in the course of the disease. Tumors which extend through the lymphatics, as a rule, are more amenable to treatment than those spreading through the blood stream.

Certain types of tissue withstand radiation much more than others. Nerve tissue and dense fibrous tissue is much more resistant than epithelial tissue. Endothelial tissue is very promptly affected by radium. This at once explains why growths such as neurogenic sarcomas withstand large doses of radium with little effect. It also suggests the wisdom of aiming to cause complete regression of an epithelial tumor at one dose rather than by divided doses. After the first dose to such a tumor, fibrous tissue is formed, as a result of the inflammatory reaction, and the effect on the endothelium of capillaries produces an obliterating endarteritis. It is obvious that if a subsequent radiation is necessary after this it will not be as effective as the first. Furthermore, these inflammatory reactions are distinctly painful in many instances and unnecessary repetition of them only results in lowering the patient's vitality with each subsequent exposure.

Methods of Applying Radium.—Speaking in general, there are two ways of applying radium—filtered radium placed on the surface or at a distance from it and unfiltered emanation buried in the tumor tissue. Apart from the question of dosage, the most important factor at present is accuracy and, to a certain extent, intimacy of application. We have long since passed the time when a piece of radium could be placed in the neighborhood of a new growth in a haphazard manner and a favorable result expected. Legally the patient has been treated but scientifically he has not. This explains many of the results that we hear quoted daily.

For many lesions, the use of filtered radium over the surface is quite sufficient to produce a complete regression of the disease. It is, however, an extravagant method in one sense because only a small fraction of the radiant energy is being directed toward the disease: the remainder is being wasted on surrounding healthy tissues—at times damaging them—or is going off into space. Placed over the surface, the greatest intensity of the dose is being delivered to the least vital part

of the growth—its surface rather than the actively growing infiltrating base. If the neoplasm be deep seated and the radium placed several centimeters from the surface, the healthy overlying tissues must absorb more radiation than the tumor itself. So far, we are forced to treat many growths in this manner. The fact remains that it results in a waste of energy, and since radium is scarce we must attempt to obviate this loss in as far as possible.

Since it has been possible to collect the active principle — radium emanation—from the element itself, this problem of conservation of energy and uniformity of application has been solved to a considerable extent. Radium emanation decreases in value at the rate of about 15 per cent. per day. It can be collected in very fine thin walled glass capillary tubes 0.5 x 3 mm. in size. These tubes can be measured in terms of radium element and they can be sterilized by boiling. With a fine trocar needle they can be embedded in tissues and left in situ. Since we know their rate of decay, it is a simple matter to calculate the total dosage to be derived from a given amount buried in the tumor. I believe it is safe to say that this method of radium application has completely revolutionized our work.

Radiation can be distributed uniformly throughout a neoplasm and placed where it is needed most. All of the radiation is utilized—both beta and gamma rays. Normal tissues are saved a great deal of useless radiation. In addition to the direct effect on tumor tissue a very marked lymphocytic infiltration is excited which as far as we know is the greatest single defense of the body against malignant invasion. We have never had untoward effects from the small tubes as foreign bodies—the inflammatory reaction excited about them promptly aids in walling them off in a small fibrous tissue capsule. Care must be taken not to introduce them through sloughing infected areas unless drainage is free, otherwise mixed infection will be carried deeper. It is best, when possible, to introduce them through the healthy surrounding tissues. Trauma is slight indeed and where reasonable precautions are taken the dangers of using radium emanation in this manner are almost negligible.

The use of emanation interstitially opens up another very important and

promising field—the combination of radium and conservative surgery.

In certain cases, where surgical removal of the tumor has been carried out, emanation may be buried at any suspicious points within the wound while it is still exposed. This in no way interferes with healing. In all of our neck work this method has **proven of value**. Tubes are buried especially at the points where lymphatic channels are severed. It places the intensity of radiation where it is most needed and is far superior to the older method of placing a rubber tube, containing filtered radium tubes, within the wound—much as a drainage tube might be placed. Frequently a mass is exposed surgically and then found to be inoperable. Under such circumstances we feel that, if there is any doubt about the possibility of a clean and wide removal, it is better to bury emanation tubes uniformly throughout the mass and close the wound. We now have a considerable group of cases showing complete regression over periods of one to four years following this form of treatment.

Such a combination of surgery and radium holds very interesting possibilities for a field as yet little touched—that of intra-abdominal new growths. We have found with many of our rectal cases a distinct advantage in being able to introduce emanation into the upper part of the mass by the abdominal route, in addition to the usual treatment from below.

Of the various groups in which radium has proven of value mention should be made of intra-oral carcinoma. In all of these lesions of the lip, tongue, tonsil, floor of the mouth, mucosa of the cheek and pharynx, radium alone is the agent of choice. In carcinoma of the larynx also we are inclined to use radium alone in the majority of cases. With the cervical metastases we have been unable to produce a complete regression of epidermoid carcinoma by external radiation. We favor a combination of surgery and buried emanation, as described in detail in one of our recent publications.

Carcinoma of the oesophagus is an extremely hopeless disease from every angle. In such a thin walled organ the disease has practically always extended beyond it before symptoms are noted. The most we have accomplished is to give palliative relief by slowing up the growth and keeping the stricture open, to a certain extent.

With carcinoma of the stomach and upper bowel little has been attained by radiation. We have done considerable experimental work and believe that, in future, surgery and interstitial radiation will occupy a place. In rectal cancer, on the other hand, the results have been better. From a surgical standpoint, only a small percentage of cases applying are operable. The operation itself is an extremely mutilating one, the operative mortality is high, and the end results relatively poor. We feel that to date our results with radium, or with radium and surgery at times, are decidedly better.

In carcinoma of the uterus, and especially of the cervix uteri, radium undoubtedly has one of its best fields. The organ stands large doses of radiation extremely well and the results are excellent—if we may use such a term in speaking of malignant diseases. In the best hands, carcinoma of the cervix has passed out of the operative field. I make this statement very advisedly. With neoplasms of the bladder and prostate encouraging results have been obtained, although I am inclined to feel that, in the former, surgical exposure may very often facilitate treatment. Many prostate cases, even though advanced, are palliated for a considerable period.

The breast is another group in which radiation has proven of inestimable value. In operable and recurrent cases it has been a blessing indeed, while in the operable group it is a valuable adjunct to surgery. I believe I am safe in saying that the operable group is being steadily reduced.

One type of case that has been very resistant to all forms of radiation is the neurogenic sarcoma. A growth arising in the nerve sheath and frequently termed a fibro-sarcoma. Surgical experience has been bad and radium has been no better.

With the bone tumors, results have been variable. Giant-cell sarcoma of course gives good results. The true osteogenic sarcomas, on the other hand, have not been as favorable. Some regression occurs in a large percentage, but dissemination through the blood stream is rapid and early, and as yet no means of successfully dealing with these metastases has been found.

In the lymphatic glandular diseases—lympho-sarcoma, Hodgkin's disease, and leukaemias—radium exerts perhaps its most spectacular effects. Regressions

are very rapid but unfortunately are not permanent. Palliative relief may sometimes be given over a period of years but the end results are probably all the same. More recent work with the intravenous injection of an active deposit of radium has given results of greater promise but as yet it is too early to offer definite conclusions.

Teratoid carcinoma of the testicle is another growth which gives spectacular results but dissemination is so wide spread that in the majority of cases it is doubtful if many permanent results are obtained. Brain tumors have shown a variable response—some extremely interesting and gratifying results have been obtained but the period of observation is still brief. Our experimental work indicates that normal brain tissue withstands radiation very well—a factor of importance in dealing with new growths in this location.

It is impossible to index all of the various types of malignant disease and their response to radium. One group that should be mentioned in closing, however, is that of parotid tumors. Most of them are mixed tumors and a few epidermoid carcinomas. The results have been almost uniformly successful.

RADIUM THERAPY.*

By Adolph Henriques, M.D.,

Department of Medicine, Tulane University,
New Orleans, La.

James Ewing, Professor of Medicine of Cornell University Medical College and one of the foremost pathologists of modern times, makes this statement:

"We must welcome the discovery of an agent which will affect cancer in a manner not open to argument. Radium can be relied upon to do the same thing under the same circumstances. Under many circumstances the result involves the disappearance of cancer tissue and the complete healing of the lesion. It is highly important, also, to recognize that the action of radium is specific, in the sense that it produces results that have not been duplicated by any other method, and produces histological changes in tumor tissue which one does not see under any other circumstances."

With a realization of the potency for

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good or evil of this valuable agent and with an appreciation of the innumerable difficulties to be encountered in treating such a dread disease as cancer, we submit this brief outline of a few of the many interesting cases that have come within the supervision of my associates (Drs. Menville, Magruder and Milholland) and myself within the past two years.

The first case was that of Mrs. D., referred by Dr. J. A. Estopinal, whom we now quote: "The lady consulted me because she could not breathe through her nose, could swallow liquids only and that with difficulty, had a cachetic look, slept only in 'cat naps', presented a mass in the epipharynx which made it airtight and which extended down to the lower border of the uvula. I could promise the patient nothing definite in the way of cure on account of the nature of the condition and in a few days cleared out the epipharynx. The pathologist reported fibro-sarcoma. The patient was better for a week to ten days.

In the course of a month to six weeks the growth had recurred and was even larger than before. The result following the radium application was marvelous. Ten days later there was no trace of the growth. The cervical glands enlarged on both sides of the neck, and adenitis such as one finds in cancer cases and which were treated by the radium at the same time, were no longer enlarged a month later. This patient was seen a month ago. There was no trace of the growth both upon mirror and digital examination. This patient had been physically prostrated by the growth. All such cases were lost before the use of radium. I heard from her a few days ago and she seems to be perfectly well. We treated this case thirteen months ago.

Mr. D. treated in connection with Dr. O. Joachim first on June 3, 1920. To quote Dr. Joachim: "This patient had malignancy involving the right half of the larynx and later the inter-arytenoid spaces. He refused surgical interference. At present (April 13, 1921), there is no evidence of the tumor. The prognosis as far as the tumor is concerned is good; as far as the accompanying anemia, progressive."

Mrs. C. seen with Dr. Jos. Cirino on Dec. 3, 1919. Dr. Cirino says: "This lady had a cancer of the breast. The mass was removed under local anesthesia fol-

lowed by the application of radium. The pathologist (Dr. Couret) reported malignancy. There has been no recurrence."

Mrs. P. seen with Dr. Salerno who states: "This case of cancer of the breast is now clinically well. She was treated on April 29, 1920, with radium followed by resection, the diagnosis having been confirmed by Drs. Harris and Friedrichs."

Mrs. D. an old lady of 78, treated by my associate, Dr. L. W. Magruder, who states: "When seen she had a large mass in the right breast with two large nodules just above in the chest wall. The glands in the axilla were very much enlarged and tender. She suffered sharp shooting pains in the breast, did not sleep well, lost weight and her general health was poor. The case was inoperable on account of the age and the necessity of a radical operation. At present, April 5, 1921, the mass is about one fourth its original size, the nodules have disappeared, the glands in the axilla are no longer tender and are scarcely palpable. Her general condition is good, she sleeps and eats well and has no more pain." This patient was first treated by us on April 29, 1920.

Mr. T. referred by Dr. E. F. Salerno who states: "This man had extensive venereal warts which almost entirely covered the head of the penis. I cauterized them but they recurred more violently than before. After the application of the radium they disappeared entirely, there has been no recurrence and the skin is smooth excepting the scar from the cautery."

In cases of hyperplastic or glandular endometritis with uterine hemorrhage the results from the intrauterine application of radium are as a rule excellent. The technique however is so relatively simple as compared with other conditions that we will not tarry here. Dr. W. D. Phillips, Professor of Operative Gynecology of the Postgraduate School of Medicine, Tulane University, for whom we have had the privilege of making radium applications in a number of these cases says: "Clinically we get better results in hyperplastic endometritis than in other types of cases and this from the moderate and if necessary repeated doses, especially in young individuals. In these cases I would stress the importance of preliminary curettage both for diagnosis and for treatment."

Before proceeding, however, it might

be well to cite a case seen with Dr. Jos. Cirino:

Mrs. K. had continuous hemorrhage with a soft, very much enlarged uterus which contracted under radium treatment. She was seen recently and is practically well and has had no hemorrhage since.

In the treatment of uterine cancer, radium has a valuable place. With a few exceptions, we can hope for at least palliation even in the inoperable cases.

Some of the inoperable cases may have a clinical cure established. Forsell of Stockholm reports 28% of inoperable cancers of the cervix treated by radium well after a period of five years.

Dr. R. B. Harrison with whom we treated Mrs. E. says: "This lady had a great big cauliflower mass about the cervix, decidedly inoperable, the hemorrhage almost continuous and with marked loss of weight and cachexia. At present she is clinically well, her general conditions markedly improved. She feels well and has put on 25 pounds. (Patient had passed period of menopause)." Patient first seen January 8, 1920.

Dr. Maurice Gelpi, former House Surgeon of Charity Hospital, says of Mrs. V.: "Patient was seen May 20, 1920. On May 22 a large mass involving the whole cervix and impinging on the vaginal vault was cauterized and radium applied. The case was inoperable, belonging to class 4 type. Inside of six weeks she showed remarkable improvement locally and generally and has continued to improve. She is strong, feels well, there is no discharge, no hemorrhage and she is preparing to take a trip to Europe." Dr. Gelpi says: "This case belongs to the class of cases in whom the cautery was generally used and the patients were sent home to take morphine."

(The doctor closes his paper with the report of two cases of myelogenous leukemia with radium.—Editor.)

THE X-RAYS IN THE TREATMENT OF CANCER.

By Edwin Reissman, M.D.,

Roentgenologist, St. Michael's Hospital and Newark Memorial Hospital.
Newark, N. J.

The larger problem in x-ray cancer therapy today is not so much whether cancer tissue can be favorably influenced, but how to generate enough and effec-

tive radiation to reach deep-seated growths in a very short time. There is a large mass of evidence on hand to show that malignant growths have yielded to x-ray radiation and then again there is an equal or greater amount of statistics to show its failure. Aside from the difficulty of affecting and reaching deep-seated intra-thoracic and intra-abdominal growths, the almost absolute helplessness in metastatic involvements is most baffling and discouraging. It therefore again brings up the subject of early treatment and, above all, early diagnosis. Having thus acknowledged some of the shortcomings of roentgen radiation, and this applies in some, but not equal, measure to radium, we may now give a little consideration to its merits.

It is hardly pertinent to bore you with the technical side of roentgen activity and x-ray physics but suffice it to say that since its inception the technic has changed nearly as often as the leopard has spots, but always directed toward improvement and in keeping with the newer apparatus and inventions. At the present time we are in the throes of a German technic which bids fair to revolutionize the present method. With this new method we will require transformers which deliver upward of 200,000 volts and a 20-inch spark and tubes which must take this output without damage to patient and operator. If you will please remember that at present the x-rays will fog a sensitized plate through a brick wall 15 inches thick, it will become quite apparent that adequate means of protection are absolutely essential for both patient and operator.

X-rays will not cure all cases of cancer nor will they cure all cancers of any one type. Superficial growths and skin cancers are the most tractable.

Van Angerer, Handley, Bythell and Barclay and many others have noted that the rays inhibit the growth of the tumor cells, change them into less malignant ones, and cause an injury to the cancer cells which disturbs their growth, partially prevents mitosis and tends to formation of giant cells. The x-rays also exert a definite effect upon the endothelial cells making up the walls of the lymphatics and thus block these channels through atrophy. In this way metastasis is retarded and at times prevented. It is but meet to say right here that these characteristics render pre- and post-

operative radiation of inestimable value in the surgical cure for cancer. In carcinoma of the breast the recurrent skin nodules, so called "implantation metastasis," are really extensions through the superficial lymphatic plexus and a pre-operative radiation will be helpful on account of its destructive effect upon the cells and the consequent atrophy of the lymphatics.

In a brief summary, the roentgen therapy can be viewed as follows:

1. In the light of present knowledge, the x-ray and other radio-active substances will cure a certain per cent. of certain cancer types in which the superficial and the breast lesions predominate.

2. In uterine cancers, preferably limited to the cervix, radium and x-rays combined will cure a large percentage of cases, provided metastasis has not occurred.

3. Every operable case of cancer should receive pre-operative and post-operative radiation.

4. Every inoperable case should be subjected to radiation if only as a palliative measure.

5. Deep-seated visceral growths, mediastinal tumors and carcinoma of the lung rarely yield to radio-active impulses, although radium in large quantities is very effective and sometimes successful.

6. It is safe to say, that with our increasing knowledge, more perfect technique, and with the intelligent co-operation of the profession, the number of cases in which radiation will be of benefit will largely increase although no specific has as yet appeared upon the medical horizon.

TEN COMMANDMENTS OF CANCER.

By Franklin H. Martin, M.D.,
Chicago, Ill.

1st Commandment: Remember, cancer is a relentless foe of humanity. It attacks the rich and the poor, the learned and the unlearned, and its toll of death is more numerous than the destruction of the most frightful war. Eighty-five thousand die of cancer in one year in the United States alone. Of women over forty years of age, one in eight dies from cancer each year, and of men, one in twelve.

2nd Commandment: Remember, cancer in its beginning can be cured. The wise man recognizes the warnings of science,

and at the beginning submits to advice to have the cancer promptly cut from his body. Science is a jealous god, and its truths must not be disregarded by the thoughtless.

3rd Commandment: In this affliction, follow not the voices of the unlearned and submit not thy affliction to the hands of "quacks," because valuable time is consumed and the day of prompt action is sacrificed and death is foreordained.

4th Commandments: Search thy body for blemishes which are the first signs of cancer. Hasten to the scientist and have these signs interpreted. These signs are moles, excrescences, fistulas, and warts; they are symptoms of indigestion; they are lumps in the breast; and they are the bleeding from the womb after the change of life, or irregular or much bleeding in the middle life. Tumors, blemishes, distress, pain, discharges or bleeding, any of these should be interpreted by the scientist.

5th Commandment: One day each year thou shouldst rest from thy labors and give that day to the examination of the body. The first day of life was given to thee as thy birthday. May that the day of scientific search into the body's ills, and if perchance the signs of cancer have been established thou wilt be spared the most dreaded death.

6th Commandment: Remember, cancer is a local disease in its beginning. Cancer is not a blood disease. Cancer extends through the lymphatics in its later stages and rarely through the blood stream. Cancer is not contagious. Cancer is not hereditary. Cancer, unlike venereal diseases, is not a disgrace and may be discussed openly.

7th Commandment: Remember, cancer can be cured if completely removed by the knife before it has extended through the lymphatic channels or the blood stream. No other means of curing deep-seated cancer has been effected by scientists. Radium and x-ray hold out hope because of their effect on local, superficial cancer, and because they stay off the progress of the disease in inoperable cancer and afford relief of the symptoms in these cases. But they are still on trial and have not demonstrated their value as permanent cures. Internal medicine, ointments, pastes and superficial cauteries cause criminal delay and have no value as permanent remedies.

8th Commandment: Remember, cancer is not painful in its early stages.

9th Commandment: Remember that irritation of a tissue favors cancer. A sore tongue irritated by a rough tooth; a cracked lip irritated by a cigar, a pipe, or a cigarette; piles irritated by the clothing; moles that have been irritated by rubbing of clothing or the hands; warts about the eyelids, nose, or face that become irritated. Consult a scientific physician for all of these difficulties.

10th Commandment: Remember, without ceasing, that you should insist upon prompt removal of a cancer if a positive diagnosis of the disease has been made. Don't allow your attendant to delay, and don't delay action by procrastination on your own part. Thus will you cheat death and preserve a useful life for friends and family.

CANCER MORTALITY.

Frederick L. Hoffman, Ph. D., Statistician of the Prudential Company, Newark, who is probably the best authority we have on the mortality of cancer, recently gave the estimates for the year 1920 by race and sex, organs and parts affected, as follows:

The total approximate mortality was 90,000, of which 37,116 were deaths of males, and 52,884 were deaths of females. Of this number 85,883 were deaths of white persons, while 4,117 were of colored.

Under organs and parts, cancer of the buccal cavity caused approximately 3,339 deaths of which 2,775 were males and 564 were females.

Cancer of the stomach and liver caused 34,293 deaths, of which 17,317 were deaths of males and 16,976 were of females.

Cancer of the peritoneum, intestines and rectum caused 11,980 deaths, of which 5,141 were males and 6,830 were females.

Cancer of the female generative organs caused 13,671 deaths, of which 12,401 were deaths of white women, and 1,270 were deaths of colored women.

Cancer of the breast caused 8,369 deaths, of which 132 were male, and 8,237 were females.

Cancer of the skin caused 3,169 deaths, of which 2,045 were males and 1,115 were females.

Cancer of other organs and parts

caused 15,188 deaths, of which 9,706 were males and 5,483 were females.

Clinical Reports.

Sarcoma in Nasal Fossa.—The melanotic sarcoma had developed after a gunshot wound of the cheek and orbit in a woman of 53 Bilancioni in Tumori, Rome, reviews the history of sarcoma of the nose from Palletta's first case in 1820 to date. In his case the small sarcoma protruded from the nostril and it was successfully removed in February, 1920. Several colored plates show the microscopic findings.

Malignant Granuloma of the Nose.—Dr. Robert Woods, in the British Med. Jour., reports two cases of a disease which hitherto has been undescribed. The first case was that of a man 68 years of age. On examination, the bridge of the nose was sunken just below the nasal bones. Both sides of the nose were filled with fetid crusts, the cartilaginous septum was gone, some of the soft tissues were deficient, and the walls of the nose in a condition of ulceration. The patient was well nourished, no glands were enlarged, and the condition was strictly a local one. The Wassermann reaction was negative and anti-syphilitic treatment had no obvious effect. It seemed as though a wave of granulation tissue advanced irregularly into healthy parts, breaking down behind as it advanced in front, so that there was never any great depth of pathological growth present. The patient lived for four and a half years after coming under observation. The discomfort of the condition as it progressed was never sufficient to require the use of anodynes. Repeated efforts were made to discover some organism to which blame might be attached, but always without success. X-ray treatment was ineffective. The second case was quite similar except that a clinical cure was effected by application of radium tubes. The case was seen by a number of the writer's laryngological colleagues, who confessed that it was unique in their experience. The presumption is raised that the granulation tissue, instead of being an evidence of attempted healing, is itself the primary cause of destruction. Until we understand what is meant by a cell taking on malignant action we cannot doubt that what happens to one kind of cell may happen to another, and if we can have a malignant epithelioma, why not malignant granuloma?

Melano-Sarcoma of the Choroid.

Dr. W. H. Johnstone, in a paper in the Iowa State Med. Jour., on this subject, gives these cases, after remarking that in all malignant neoplasms of the eye in adults sarcoma occurs the most frequent; in most cases between 31 and 60 years of age.

Case 1. Mrs. L., age sixty-six, consulted me on May 22, 1915, complaining of pain in the left eye and in temple and complete loss of vision in this eye. Nine years previous had an attack of what seemed from the history to have been acute glaucoma and she stated that vision failed rapidly and she had pain in the eye almost constantly since that time. Vision in the right eye was corrected to 20/15 with

sph. +2.75. Left eye had no light perception. Pupil 5 m.m., immobile, greenish color, lens opaque, cornea steamy and insensitive, anterior chamber shallow, no exophthalmos, tension +3. Transillumination was negative owing to the fact that the lens was opaque. The eye ball was not inflamed, was not tender on pressure, motions of the eye ball were normal. A diagnosis of glaucoma was made and advised removal of the eyeball. This the patient refused and she was given eserine gr. 1 to the oz. Dionin 5 per cent. to use locally and was asked to report again. I did not see her again for about two years and she stated that the pain in the eyeball had been constant and was becoming more severe. Her general health was not so good as usual and she had lost some weight. She consented to have the eye removed and it was at this time that the tumor was discovered. It had perforated posteriorly but was well encapsulated and did not extend back along the optic nerve. Owing to the patient's general condition being very poor and the fact that the tumor was encapsulated, the orbit was not exenated. The socket healed normally and an artificial eye was given in about a month. Her general condition did not improve and she died about six months later from metastases in the liver. There was no autopsy. If a diagnosis of sarcoma could have been made when patient first came for consultation it is quite probable that she would have consented to operation. The tumor in this patient seemed to be slow in growth if the history can be relied on. If the eye had been removed in 1915 she might have had several years added to her life. Can anyone add anything to aid in the diagnosis of these cases when seen at this stage? The microscopic examination of the tumor showed that it was a melanotic sarcoma of the choroid which had broken through the sclera posteriorly.

Case 2. Mrs. W., age sixty-nine. Consulted me on Jan. 5, 1915, to have the lenses of her glasses changed. Vision in the right eye was 20/40 when corrected with sph. +2.50. Vision in the left eye was 20/20 when corrected with sph. +2.00. Lens and vitreous clear. In macular region of the right eye there was a greyish white elevation, the lower border of which was dotted with many minute hemorrhages. The top of the elevation was seen best with +5.00. Hension normal, pupils react normally to light and accommodation. Blood pressure was 158, urine negative. The diagnosis of tumor of choroid was made and the patient was not seen again till May 18 of the same year. At this time there was a slight increase in the size of the growth. Operation was refused at this time and she was not seen again till Oct. 6, 1916. The vision was gone, the tension was +3 and there was a constant dull pain in the eyeball. On Oct. 9 the eye was enucleated, there was a mushroom shaped tumor of the choroid about 8 m.m. in diameter and attached by a relatively large pedicle, retina entirely detached. There was no extension outside the eyeball. Microscopic examination revealed a melano-sarcoma of the choroid. The socket healed normally and she experienced no further trouble. She lived three years and died from an attack of pneumonia.

Cancer of the Tongue.—Prof. Delbet, in *Le Progres Medical*, gave a clinical lecture on this

subject, in which he presented a patient with a large mass on one side of the tongue, yet speech was possible, which implied that the lesion had not yet seriously involved the floor of the mouth. The buccal mucosa is the seat of leukoplakia, which indicates a defective evolution of the epithelium through which it assumes the features of epidermis. In addition the epithelium is macerated like the epidermis of a laundress' fingers. The patient gives a positive Wassermann. Epithelioma of the tongue most commonly develops on leukoplakia, either though the latter becoming papillomatous or in sequence to the formation of fissures. The relations between leukoplakia and syphilis are uncertain but the former should awaken suspicion of the latter.

Inoperable Cancer of the Stomach Treated with Electroselenium.—Blumenthal-Jacquet reports the following case: The diagnosis of cancer of the lesser curvature was made by the ordinary resources with the aid of biopsy in connection with attempted operation. Patient was a woman of 52 who had never had any illness, up to 1913, when she began to complain of epigastric pain two hours after meals with slow and painful digestion. There was no vomiting. This state of affairs had continued unchanged for 5 years, when the woman began to lose flesh rapidly and show profound anemia. Jaundice and hematemesis then supervened. A biopsy was made of some tissue in the vomitus and adenocarcinomatous tissue was recognizable. The bowel discharges were melanic. Deep palpation revealed a hard tumor of the lesser curvature. Operation was at once begun and a growth the size of a pigeon's egg was seen high up on the lesser curvature. The regional lymphnodes were enlarged and there were numerous adhesions with probable secondary implication of the liver. It was, therefore, decided to abandon the intervention. The patient returned home after having passed through a postoperative pneumonia. The author did not give up the case, but obtained from Holland at much trouble a quantity of electroselenium (it should be stated that the author is a Belgian and that this episode occurred before the armistice). A series of nine intravenous injections was practised at intervals of 2 to 4 days. The first was followed by a typical colloidal shock. At the close of the period the subject was able to take nourishment and ate practically everything, although she complained of the post-prandial pain. After a second series of injections the latter symptom also disappeared. The patient did well, until, in 1919, there was a suggestion of recurrence, which led to a third series of injections, with a fourth in 1920 and a fifth later in the same year. Invariably a course of injections was at once followed by improvement. The patient is 66 pounds heavier than at the time of the operation. In November, 1920, after her last injections, she was presented before the Brabant Medical Society. She appeared in the best of health, and an x-ray showed that the tumor had been replaced by a double notch in the curvature. The case is considered most remarkable in view of the inoperability and presence of metastases and cachexia, to say nothing of the nature of the remedy, which in this one case has at least duplicated the best results of radiation. In case any reader would like to duplicate the treat-

ment he is advised to make the first injection intramuscular to avoid the severe reaction, which, as the author soon learned, was not essential to the cure. The colloidal selenium should be mixed with an equal part of saline infusion or distilled water. The intravenous injections are to be made very slowly. That the selenium had any specific action may perhaps be doubted, as the author apparently found colloidal gold of the same value, although he is not explicit on this point and may refer to laboratory experiments made after the operation. The author believes that electro-selenium and radium used in concert might give better results than any thus far obtained. —*Le Bulletin Medical.*

Lymphosarcoma of the Stomach.—Dr. E. W. Petersen, of New York, presented this case at a meeting of the N. Y. Academy of Medicine. It was a man 53 years of age who was admitted to the Post-Graduate Hospital in December last. He was at that time very cachectic and anemic. His father died of cancer of the stomach, his mother of pneumonia, at the age of 80. The patient gave a history of having had pneumonia five years ago, and of having begun to suffer from indigestion about a year ago. He was not taking much food because of the vomiting and distress it caused. He had lost about fifty pounds in weight. There was a large mass in the upper part of the abdomen. The Wassermann reaction was negative. The blood count showed red blood cells 1,600,000, leucocytes 6000, polymorphonuclears 68 per cent., lymphocytes 32 per cent., 2 large and 30 small; hemoglobin 60 per cent. It was thought that he had either Hodgkin's disease or carcinoma of the stomach with involvement of the retroperitoneal lymph glands. From the severe cachexia and the size of the mass it was not thought that he had a chance in the world. A left rectus incision was made and the stomach found much enlarged, though the growth had not broken through. Two-thirds of the stomach was resected, removing the growth entirely. There was no involvement of the liver that could be made out. These cases were comparatively rare. In twelve years, Dr. Peterson stated that there had been but one other case of the kind at the Post-Graduate Hospital. Dr. Douglas in an article published in the *Annals of Surgery*, reported three cases, two of which were seen at Bellevue and one at St. Luke's Hospital.

Sarcocarcinoma of the Bladder.—Dr. S. Kraft, Berlin, removed the malignant tumor in the bladder of the man of 78 through the peritoneum, but recurrence developed of such malignancy that in forty days the tumor was larger than a child's head.

Cancer of Appendix.—In one of Dr. Perret's cases in the *New Orleans Med. and Surg. Jour.*, operation was advised on account of dyspeptic symptoms and dull pains in appendix region. The patient was a woman, aged 22. She made an uneventful recovery and left the hospital on the ninth day. No idea of the malignant condition of the appendix was suspected at time of operation. Microscopic examination showed carcinoma. The second patient, a female, aged 44 years, complained of abdominal pains for two years. Examination showed a large

sensitive mass above the appendix region. A diagnosis was made of appendiceal abscess. A large, hard friable mass was found occupying the head of the cecum, the terminal ileum and the appendix which on further examination, Perret says, showed all the typical structural characteristics of a carcinoma.

Primary Carcinoma of Kidney.—Dr. H. G. Bugbee, of New York, in the *Jour. of Urology*, reports the case of a man aged 44, who gave a history of renal colic as far back as 1892. Fifteen years ago he had another attack, following which he noticed that after riding horse-back his urine was sometimes claret-colored, but he had no colic or other urinary disturbance. He had no serious illness or urinary symptoms until October, 1918, when he had a severe attack of influenza. Two weeks after the onset of the influenza he developed profuse hematuria, pain and tenderness in the left upper quadrant and left lumbar region. Later moderate frequency and urgency of urination were noted, and a mass was palpable in the left upper abdomen. He rapidly lost flesh and strength, became decidedly anemic. There was an indefinite mass in the left upper quadrant and lumbar region, which was not hard, was slightly tender and movable. The right kidney could not be felt. The external genitalis, prostate and vesicles were negative. A roentgenogram revealed a large oval calculus in the left ureter at the point of obstruction to the catheter, 25 cm. from the bladder. Pyelogram showed the renal pelvic outline destroyed. The preoperative diagnosis was impacted uteral calculus and pyonephrosis. The postoperative diagnosis was primary carcinoma of the kidney. The patient died five months later.

Inoperable Carcinoma in a Girl 17 Years Old.—Dr. G. H. Copher, in the *Missouri Medical Journal*, reports the following case:

This patient, who is 17 years of age, entered the hospital on November 3, 1920. She complained of diarrhea, pain in abdomen, and occasional vomiting of blood and also of passing of blood from the bowels. She states that in May, 1920, she had rheumatism in the right ankle which shifted to various other points. The tonsils were removed May 27th. No rheumatism since.

In July, 1919, patient began vomiting which continued five days. On the fifth day she vomited coffee ground material and also bright red blood. She became unconscious for six days and nights during which time there was vomiting of bright red blood each day. Also at this time the stools frequently contained red blood. Temperature subnormal. She improved and returned to school in September, 1919, where she remained for two months. In January, 1920, she began to vomit again. This continued until May, 1920. During this time her bowels moved from two to three times a day. She became very weak. The vomiting had no relation to meals.

Two weeks ago she began to have a pain in the right costal margin which radiated to right shoulder. She has never been jaundiced. At present she has no appetite and is nauseated and vomits daily. Four weeks previous to admission her family physician noticed a lump in the abdomen about the size of a walnut

just to the right of the umbilicus. The mass was freely movable. Patient is unable to take a deep breath because she feels as if something were pushing up her right lung. Morphine is said to be the only thing that relieves pain. The abdomen is distended continuously. There has been a loss of 25 pounds in weight.

Physical examination: Patient emaciated and pale. Percussion note unimpaired over both bases, somewhat higher on the right. Breath sounds faint. Apex beat is outside of midclavicular line. A large, hard, tender and nodular mass fills anterior flank of abdomen extending across to left side above umbilicus. There is a small mass the size of a hen's egg just to the left of umbilicus, also hard, nodular, tender and movable.

Laboratory findings: Urine contains albumin, hyaline and granular casts. Hemoglobin 38. Red blood corpuscles, 3,500,000. Leucocytes, 22,000. Stools, clay colored with positive test for blood. Transferred to surgical service for exploration November 10, 1920. No ascites. Liver contained many white nodules which were hard and umbilicated with omentum adherent to many of these nodules. Lower border of liver was at level of umbilicus. Stomach normal on palpitation. A small hard nodule was found apparently in the head of the pancreas with many adjacent and large lymph glands. Impossible, however, to be certain that mass is in pancreas because of presence of adhesions and presence of growth in lymph glands. No mass felt anywhere in intestine. Gall-bladder, appendix and pelvic organs normal.

X-Ray and Radium.—Dr. R. L. Smith, Lincoln Neb., in a paper on this subject, gives the following cases with remarks thereon:

First—A male fifty years of age who was apparently suffering from hemorrhoids, operated upon for hemorrhoids but continued difficulty was experienced together with loss of weight, appearance of a tumor in the rectum, cachexia and in fact everything that goes with a fairly advanced carcinoma.

The patient was advised to accept roentgen therapy as a palliative procedure and I proceeded to treat him with massive doses of x-ray through a number of portals. His cachexia disappeared, the symptoms such as pain, discomfort, etc., disappeared and he regained about 30 pounds which practically brought him up to normal weight. An examination at this time showed no evidence of tumor and only a slight induration of the wall at the site of his previous lesion. The patient felt that he was cured.

The physicians in charge of the case admitted they had been mistaken. The patient refused additional treatment and six months later returned with a recurrence from which he died. I feel positive that a Kraske operation would prolonged his life probably to the normal limit if performed following the roentgen treatment when no evidence of the tumor existed.

Second—A female about fifty years old presented herself to me. She had an inoperable carcinoma of the right breast. The tumor was as large as a small orange. She had retraction of the skin and palpable glands in the axilla. She received massive doses of x-ray for a number of months, the tumor disap-

peared entirely, the induration in the axilla also disappeared and she remained apparently well for two years, when the tumor began to show signs of activity. A circular amputation of the breast was done leaving the wound open for additional roentgen treatment. The wound healed completely in about three months and to date about four years since treatment was started the patient remains well and free from any apparent metastasis.

These cases and many similar ones have taught me that all cancers are not incurable nor are they necessarily surgical at all times. Basing my conclusions on 350 case records of postoperative and inoperable cases of all types treated with x-ray during the past three years it is my opinion that all advanced cases of malignancy should be treated by massive doses of x-ray through filters sufficiently dense to protect the skin with not less than ten inch spark gap continued sufficiently long to deliver a destructive dose to a cancer cell; that the success of x-ray depends primarily on proper filtration of the x-ray and results will improve as voltage or penetration is increased provided treatment is continued long enough to deliver a lethal dose to a cancer cell deep in the body tissue. Any treatment short of this places the roentgenologist in the same position as the surgeon who operates on an inoperable cancer.

I believe that in any tumor of the breast when metastasis has extended outside of the breast itself, it is an irremovable cancer. When there are glands involved in the axilla there surely are glands involved in other places. You can remove the breast and most of the glands, including the supraclavicular, which are the earliest affected and the most difficult to remove, but even the most radical operation at this stage is almost certain to fail to remove all of the affected tissue. The sufferer is no better off than before the operation and any surgical attack that does not remove all of the affected tissue, in my opinion, is poor surgical judgment. If the surgeon can remove the tumor before extension has taken place, it is unquestionably a lesion and by all means should be recognized as such. A roentgenologist who treats an operable cancer, with the exception of epitheliomas, is certainly using poor judgment and abusing his method of treatment and doing rank injustice to the patient.

Abstracts from Medical Journals.

Cancer of the Jaw.—Dr. J. Bercher, in the Paris Medical, gives an illustration showing the four tubes of radium fitting tight against the neoplasm for cross-fire exposure. They are held in the proper place by being embedded in a prosthesis made on a plaster cast by a dentist. It fits over the jaws—the teeth in the region having been previously drawn—like a plate for false teeth. His experience testifies that it is better after the neoplasm has subsided under the radium to defer as long as possible the wearing of false teeth or of a prosthesis to close any abnormal cavity. The irritation from anything of the kind is liable to invite recurrence of the malignant disease.

Intrinsic Cancer of the Larynx: Usual Site of Origin.—Dr. St. Clair Thomson, in the *British Med. Jour.*, concludes a paper on the origin and influence on Diagnosis, Prognosis and Treatment, as follows:

1. Intrinsic cancer of the larynx originates on the vocal cords or in the subglottic area.
2. It has never been found in the posterior commissure (interarytenoid region), nor originating from the ventricular bands or the ventricle of Morgagni in the 50 cases examined both indirectly with the mirror and by direct inspection after splitting the larynx.
3. A malignant growth may originate on any part of a cord, but is more common in the central portion or anterior half than in the posterior area of the larynx.
4. As is now well known an epithelioma originating in this region remains for a long time limited to the cord affected and the adjoining side of the larynx, but it may cross the anterior commissure, and, in later stages, it invades the arytenoid and the area to the outer side of it.
5. The inner surface of the cord may be affected primarily or by extension. The subglottic area may be invaded by a growth originating in the cord. But a cancer may also start below the level of the cords, in the subglottic area.
6. A subglottic cancer is much more common in the anterior than in the posterior half of the larynx. As regards prognosis Sir Thomson concludes:
 1. That superficial and projecting tumors of limited extent are the most favorable.
 2. That those situated in the middle third or anterior half of the cord are more promising than those invading the anterior commissure in front or the arytenoid region behind.
 3. That growths imbedded in a cord, or extending into it below an intact mucosa are not so favorable.
 4. That an epithelioma extending along the inner margin of a cord is still less favorable.
 5. Subglottic cancers are very unpromising as regards lasting cure by laryngo-fissure. They are frequently associated with impaired mobility or complete fixation of the cord.
 As regards operation, in every case, however, limited in growth, the entire cord should be excised from the anterior commissure up to and including the vocal process of the arytenoid. The excision should go down to the lower edge of the subglottic area; above it should pass through the healthy ventricular band; and externally it must include the perichondrium lining the thyroid ala. To facilitate this the thyroid ala should be removed so that a laryngo-fissure is really a partial hemilaryngectomy.

Cancer of the Breast.—Dr. M. F. Porter of Fort Wayne, in the *Jour. of the Indiana State Medical Association*, says:

All tumors of the breast should be regarded as malignant until it is proven that they are benign. Properly administered, x-ray treatment is beneficial and should be resorted to more generally than it is. It is well for the surgeon not to become too attached to any particular plan, but to make himself master of the whole situation and then adopt that operation best suited to the case in hand. Certain cardinal principles should be remembered:

1. No sacrifice in the way of time, cosmetic results, or utility is too great to make for the cure of the patient, but unnecessary mutilation should be avoided.

2. Properly planned incisions with undermining of the skin and at times mobilizing of the opposite breast will make it possible to close nearly all of these wounds.

3. The posterior thoracic nerve should be preserved.

4. The flap lining the axillary space should be held snugly in the apex by stitches or dressing to avoid subsequent inability to elevate the arm.

5. Careful and complete hemostasis adds to the safety, comfort and convenience of the patient and will frequently do away with the necessity for drainage and allow healing of the wound under the primary dressing.

6. Early use of the arm should be encouraged.

Incidence of Cancer in the Second Breast, After Radical Removal of the First.—Dr. A. R. Kilgore of San Francisco, has studied the records of 1,100 unselected breast carcinomas operated upon in the surgical service of the University of California Hospital. The results in 659 cases were known for three years or more after operation. Only 257 of the 659 patients traced were living at the end of three years. A study of the facts brought out in this series of cases indicate that the patient who has had one breast amputated for cancer is, if she survives five years, from three to four times more likely to develop cancer in the second breast than a normal woman of the same age in either of her two breasts. The majority of cancers in second breasts, arising three or more years after the first operation, behave, clinically at least, like primary new growths—not like metastases from the cancer in the first breast. These facts demand recognition, either in the form of prophylactic removal of the second breast or redoubled care in observation of the second breast after operation on the first. The records in this series suggest that if the 257 women living three years after the first operation had submitted to prophylactic resection of the second breast, twelve cancers and ten deaths from cancer in the second breast would have been prevented. One patient in five had no involvement of the axilla at the time of the first operation, and if these patients had their second breasts excised, three out of four cases of late cancer in the second breast would be prevented.

Prognosis of Carcinoma Mammæ.—Dr. G. P. Mills, in the *British Jour. Surgery*, says that the 169 cases reviewed were all pathologically carcinoma, and in all but 11 of them a clinical diagnosis of carcinoma was also made before operation. Of the 188 cases traced, 47 patients, or 39.8 per cent., were living and well at the end of six years; of 87 hospital patients, 32, or 35.5 per cent., were well; of 31 private cases, 15, or 48.4 per cent., were well. This difference is not due entirely to the private patients having been operated on earlier. Taking a six-year standard of cure, the results of a representative series of cases of carcinoma mammæ operated on by various surgeons are as follows: all cases, 39.8 per cent. cured; gland-infected cases, 18.3 per cent. cured; gland-free cases, 62.9 per cent. cured. The prognosis is worst for carcinoma simplex (39.2 per cent.), better for a "squamous" (40 per cent.), better still for a carcinoma simplex

with overgrowth of duct epithelium (57.1 per cent.), and very good for papillary carcinoma (100 per cent.) Clinical enlargement of axillary glands, even if hard, is no proof of their pathologic involvement, nor is absence of clinical enlargement proof of their freedom from involvement. Age at operation, duration of growth, and adhesion to the skin, have little effect on the prognosis. Adhesion to muscle is a bad sign in the prognosis, the difference in the percentage of cures between adherent and free cases being nearly 30. The prognosis is much the best in people of normal fatness; it is very bad in the obese, and probably bad in spare patients. Of individual operations, one on the lines laid down by Sampson Handley gives the best results especially in gland-free cases, but is very closely followed by Halstead's operation. Early gland-free cases, however, do extremely well after removal of the breast, pectoral fascia, and axillary glands. Occasionally even an advanced carcinoma will do unexpectedly well after an admittedly imperfect operation.

Ulcer and Cancer of Stomach and Duodenum.

Dr. G. W. Crile, Cleveland, is convinced that no absolute differential diagnosis between cancer and ulcer is possible before operation; nor at the operation except by the pathologist; nor by the pathologist in certain borderline cases. Irrespective of operative treatment, the dietetic management of all ulcer cases is an essential before and after surgical intervention. It has been found that the fainting point can be used clinically to arrest hemorrhage from gastric or duodenal ulcer. In patients, exhausted by long standing ulcer or cancer, conservation and restoration of bodily economy must be secured by restoration and preservation of the acid-alkali balance of the cells, particularly of the brain and liver; maintenance of an adequate circulation; as well as a minimizing and, where indicated, a dividing of the trauma of operation. Crile summarizes his views in a series of surgical suggestions, the following of which have enabled him to reduce the mortality rate in stomach operations, gastro-enterostomies and resections, to 1.5 per cent.

Primary Sarcoma of Appendix.—Only seventeen cases of primary sarcoma of the appendix were found recorded in the entire medical literature of the world by Goldstein. All the cases showed symptoms of resembling attacks of acute or recurrent appendicitis. Goldstein adds one case to the list.

Cancer of the Bladder.—Dr. Rochet, in the *Jour. d'Urologie*, Paris, says he has found that a portion of the bladder no larger than a nut, left after resection for cancer, may stretch to form a reservoir as large as a mandarin orange. Even if recurrence should follow—two, three or four days later, the restoration to health in the interim amply repays for the extensive operation. He has performed nine operations of the kind, and describes the ultimate outcome in the six traced to date. One man of 40 is in good health three years since the partial cystectomy. The others have been lost track of or have died with intervals of a few months to two years. One man of 30 had recurrence in the scar from the operation, and the scar and more of the bladder was resected.

During convalescence the inguinal glands enlarged, and these were resected. The ultimate outcome is not known in this unusual case. In conclusion he cites cases with known survival for six years or more even after total cystectomy for cancer. The only means for accurate diagnosis in men is with an exploratory cystotomy, with the consent of the patient to resection if malignant disease is found. The delicate point is that the patient has to be warned of the possibility of a rebellious fistula whether the cancer is removed or not. If total cystectomy is required, he warns not to waste time with the ureters but to fasten them temporarily to the skin.

Carcinoma of the Rectum.—Dr. A. A. Berg, in discussing a paper at the N. Y. County Med. Soc., stated that there had been more changes in the surgical treatment of carcinoma of the rectum in the last decade than in any other form of cancer. He could recall when they began to use the Kraske operation, which they had now given over almost altogether. Our modern methods as compared with the Kraske operation were about as different as day was from night. Surgery in carcinoma of the rectum had a great deal to promise the patient, not only in prolongation of life but in radical cure. He thought 26 per cent. of cures was not at all an exaggeration, for cancer of the rectum was not a malignant form of cancer. Colostomy, excision, and final closure were lengthy, complicated, and did not produce as large a percentage of radical cures as had been expected and as were being obtained by the one stage method. A preliminary colostomy was only indicated where there were severe obstructive symptoms. The abdominal and perineal operations were greatly to be desired types of operation for the radical cure of carcinoma of the rectum. In reference to the incision and mobilization of the capsule of the rectum, it should be emphasized that the capsule should not be entered, and the rectum should be removed with the cellular tissue intact. This could scarcely be done by the perineal operation, but it could be done safely, rapidly, and successfully by the higher operation. In the lower carcinomas complete excision and amputation of the rectum should be done. As we continued to make progress and to change our technique to meet new conditions, there would be fewer recurrences and we would take exception to the former attitude of considering the abdominal route as a *noli me tangere*. The mortality of the abdominal operation was low; it could be done as a one-stage operation, and resulted in a permanent cure, with good functional results in the majority of cases.

Present Status of the Treatment of Operable Cancer of the Cervix.—Dr. G. S. Reitter commenting on the paper of Dr. W. P. Graves of Boston, in the *Jour. of Surg., Gyn. and Obstet.*, on this subject, says: Graves comments upon the favorable results of operation when done by skillful surgeons, and mentions Dr. Cobb's startling reports on 60 operations. The value of radium as a palliative agent is accepted. The problem now is whether radium should be used in frankly operable cases—as is openly advocated by those working in large radium centers.

"Conclusions drawn from our personal results must be made guardedly. It may be said that we have not—so far as we know—cured with radium a single case of inoperable cancer of the cervix. It is to be noted however, that this statement is the result of individual experience. It is not equivalent to saying that inoperable cancer of the cervix cannot be cured by radium, for there is evidence to the contrary.....In view of the greater success attained in other clinics than our own, it is also within the range of possibility that some of our own cases now in the so-called 'clinically cured' stage may ultimately prove to have been permanently cured."

In view of the author's unfavorable experiences with radium, and his very favorable operative results, of which he gives statistics, he does not feel justified in substituting radium for radical surgery in cases favorable for operation.

Whatever the ultimate treatment of cancer of the cervix shall be, the general outlook is encouraging, due to the fact of the increased education on the part of the laity and the general practitioner, as a result of which cases are being detected at an earlier stage than formerly.

Primary Carcinoma of Urethra.—Two cases are reported by Dr. R. F. O'Neil of Boston and the literature is reviewed. From the age of the reported cases, the disease rarely occurs before 50. Among the predisposing causes trauma is mentioned, also leukoplakia resulting from chronic urethral irritation. Stricture is present in more than 50 per cent. of the cases. In the majority of the cases the bulbous urethra is the seat of the neoplasm. The early symptoms are not characteristic of the malignant nature of the lesion and are generally such as would coincide with the ordinary urethral stricture. One of O'Neil's cases was typical in history and examination of urethral structure with abscess, but no pus was found on incision; instead, a brittle cavity surrounding the bulbous urethra, the tissue removed showing carcinoma.

Treatment of Carcinoma of the Uterus.—Dr. Adler, in *Weiner klin. Woch.*, Vienna, states that, for the present, every operable carcinoma should be operated on. In view of the fact that the lasting results of both methods are much the same, the question as to whether laparotomy should be performed or whether the vaginal route should be chosen depends in the main on the personal technic of the operator, unless a contraindication to one or the other method exists. Personally, Adler prefers the extended vaginal operation as being less dangerous and yielding equally as good results. Every carcinoma that is operated on should receive prophylactic after-treatment with radium and roentgen rays. He regards the plan of introducing radium immediately after the operation as a promising feature of modern treatment.

Uterine Cancer.—Dr. R. Duncan, Los Angeles, Cal., in a paper read at the A. M. A. annual meeting, gave the following detailed statistical report of 236 cases:

Inoperable Cases.—There was a total number of 128, of which 51 are dead; 15 improved

through with probable involvement; 6 not traced; 56, or 44 per cent., clinically well. The time elapsed since treatment in 4 cases is more than 4 years; in 6 cases, 2 years; in 9 cases, 1½ years, and in 20 cases, 1 year.

Recurrent Cases.—The total number was 76, of which 46 are dead, 9 improved, 4 not traced, and 17, or 22 per cent., are clinically well. The time elapsed since treatment in 2 cases is 4 years; in 1 case, 3½ years; in 2 cases, 3 years; in 2 cases, 2½ years; in 2 cases, 2 years; in 3 cases, 1½ years, and in 5 cases, 1 year.

Operable Cases.—The total number was 15, including 2 patients with early carcinoma of the fundus who are apparently well. Of the total number, 2 are dead, 13, or 86.6 per cent., are clinically well. The time elapsed since treatment in 1 case is more than 4 years; in 1 case, 3½ years; in 1 case, 2½ years; in 3 cases, 2 years; in 4 cases, 1½ years, and 3 cases, 1 year.

Post-operative Prophylactic Cases.—There was a total number of 10, of which 6 are dead, 4, or 40 per cent., are clinically well. The time elapsed since treatment being 3½, 2½, 1½, and 1 year respectively.

Special Cases.—Two cases of rectal recurrence followed six and ten months after treatment for the cervical involvement. Following a colostomy, the rectal recurrence was treated locally with radium. Both patients are apparently well; one nearly two years after treatment and one more than one year. Three patients received radium therapy promptly following a subtotal hysterectomy for suspected uterine fibroid, but which sections showed early carcinoma-tous changes of the endometrium extending into the cervix. These three patients are apparently well. Two patients were treated following radical cautery operation. One is dead and one apparently well.

The summary of these figures shows a total of 236 patients, of whom 106 are dead, 24 improved, 10 not traced, 96, or 40.6 per cent., clinically well. The time elapsed since treatment is more than 4 years in 7 cases, more than 3½ years in 7 cases, more than 3 years in 9 cases, more than 2½ years in 11 cases, more than 2 years in 11 cases, more than 1½ years in 19 cases and more than 1 year in 32 cases.

Malignant Suprarenal Tumors.—Dr. E. G. Orthmann, in *Archiv fur Gyn.*, Berlin, analyses the records of 146 operative cases and 140 found in cardavars of the total of 286 cases, 66 were carcinomas, 55 sarcomas and 115 hyperphoromas. Male subjects predominated. The youngest patient was a girl of 16, the oldest a woman of 89, the majority between 40 and 60. This analysis is followed by a minute description of a case in a woman of 42 who has been in good health since the removal of a malignant tumor in the kidney over a year ago. No trace of any suprarenal glands on that side were found at the operation; the tumor evidently represented the relics of the aberrant suprarenal tissue in the kidney.

Sarcoma in Scar Tissue.—Dr. F. Nasseti, in *Tamori*, Rome, comments on the rarity of sarcoma developing in scar tissue in comparison to the relative frequency of endothelioma in a cicatrix. A single trauma is more frequently found in the anamnesis of sarcoma and con-

tinued irritation in cases of carcinoma. In a case described, the sarcoma had developed in the cicatricial tissue left after two months of suppuration in the trapezius muscle after a shell wound. In some of the cases he cites from the literature there had been chronic suppuration from a projectile in soft parts or bones or acute or tuberculous osteomyelitis. The cases had not been followed long enough in most of them to speak of a permanent cure after excision of the growth and its bed of cicatricial tissue and adjoining glands. In several cases the patients soon succumbed to metastasis.

Cancer.—Dr. John E. Talbot, in the Boston Med. and Surg. Jour., offers a line of thought which gives a new conception of the process involved in the production of cancer. He points out that there are at least three well known and established syndromes which result in cancer. First, the race that eats very hot rice suffers from cancer of the esophagus, which affects only the men and not the women. This is undoubtedly due to the fact that the men eat at the first table, so to speak, and thus get the rice at its hottest. Second, another race whose custom it is to wear a charcoal stove against their abdomen suffers from cancer of the abdominal wall, which is almost unheard of elsewhere. Third, among our own race there is an association between cancer of the lip and the frequency of smoking a clay pipe. These three well known clinical entities have given basis for the belief that cancer is in some way due to chronic irritation. In each of these forms of irritation there occurs a death of surface epithelium which is a normal process and calls for replacement of the germ cells of the skin. There are two extraneous influences acting, an abnormal temperature and a call for a great increase in rapidity of replacement. This process stimulates the germ cells of the affected tissue to activity greater than is physiological. The process not only calls for rapid reproduction of physiological cells, but also stimulates an increased reproduction of germ cells themselves. In order to keep this rapid reproduction process in physiological control, each new germ cell must acquire a trophic nerve attachment. Failing in this we have a germ cell containing the inherent power of reproduction, provided it has sufficient food supply and is kept at the proper temperature. Unless this nerveless cell is controlled by acquiring its trophic nerve connection, we have the exact situation present in cancer of rapid cell reproduction without physiological trophic nerve control. This point of view places bacteria and the dissociated cell of the complex organism on a like basis. The great difference between these single cells, the bacteria and the dissociated tissue cells in their action on the complex organism lies in the fact that the bacterial cell is a foreign invader to which the complex organism has developed a partial or complete defense or immunity. The by-products of the dissociated cells, however, are of the same nature as the by-products of the other similar tissues of the body, and the complex organism is, therefore, unaware, so to speak, of the local process until it overwhelms the life processes of the complex organism. It is suggested that the mechanism for maintaining the inter-relationship of tissue growth is

the sympathetic nerve system, more specifically spoken of as the trophic nerves.

Malignant Disease.—Cullen presents a most valuable and exhaustive monograph on the distribution of adenomas containing uterine mucosa. The article is accompanied by excellent cuts and photographs. He has found such adenomata in 10 different sites in the human body: (1) in the body of the uterus; (2) the recto-vaginal septum; (3) the Fallopian tube; (4) the round-ligament; (5) in the hilum of the ovary; (6) in the utero-ovarian ligament; (7) in the utero-sacral ligament; (8) in the sigmoid flexure; (9) in the rectus muscle; and (10) in the umbilicus. The most detailed part of this article is confined to a description of the pathology of adenoma of the recto-vaginal septum, of which there are several excellent photographs. These growths start just behind the servix, generally in the vaginal wall, but soon invade the rectal wall as well. As the growth increases in size, it spreads out laterally and at the same time becomes blended with the adjacent anterior rectal wall. Later it may invade the broad ligament, encircle the uterus, or envelop pelvic nerves, causing great pain. Pain just before the beginning of menstruation and pain on defecation is often characteristic. If operated when first discovered, in the incipient stage, these growths can often be removed per vagina; but when there is any progress in the disease, a complete hysterectomy often with removal of a section of the anterior wall of the rectum, is necessary. This article of Cullen's is an extremely well-presented contribution to this rather obscure subject.

New Factors in the Fight Against Cancer.—Dr. Fraenkel, in *Deutsches Archiv für Klin. Med.*, Leipzig, hails as new factors the attempt to use the roentgen rays to enhance the defensive forces of the body rather than to annihilate the cancer directly, and especially Ribbert's observation of the spontaneous destruction of the cancer cells under the influence of lymphocytes. Cancer cells seem to be susceptible to the action of toxins liberated by the destruction of lymphocytes, and we know that radiotherapy is influential in increasing production of lymphocytes and also in their destruction. Radiotherapy therefore should not be restricted to attacking the cancer, but should be applied to stimulate the defensive forces, and chief among these the connective tissue. Embryology and study of callus, scars, etc., show that this is far more than a mere sup-task is to strengthen and reenforce the connection to stop the encroachment of the cancer. Our porting tissue. It is not strong enough however tive tissue, and this we can accomplish, he reiterates, by the stimulating dose of roentgen rays. Gynecologic cancer is most admirably located for this as the connective tissue and the endocrine glands here are in the most favorable relations for the rays to be effectual in this respect.

Cancer Control.—Dr. S. W. Little, in a paper on this subject in the *Medical Record*, says: Assuming that cancer is a constitutional disease in the same sense that premature old age is a constitutional disease and may be controlled by the same means, it is the reverse of

pessimistic to think of cancer as a constitutional disease. Moreover, that assumption fits the known cancer facts in a very satisfactory manner. Finally, no possible harm can result from acting up that assumption even if such action has no anticancer effect; if generally acted upon in America there would certainly be fewer deaths from apoplexy in mid-life.

I venture a prophecy: When the mid-life death rates from arteriosclerosis, apoplexy, "paralysis," chronic nephritis, and organic heart disease are markedly lowered in America, the cancer death rate will simultaneously be markedly lowered—and not before.

Prophylaxis of Cancer.—Dr. Pauchet, in *Jour. de Med. de Paris*, deals especially with the role of intestinal stasis in the genesis of cancer of the stomach. In general there are three causes of cancer, two of which we know, while the third we are ignorant of. The two known factors are local irritation of many kinds on the one hand and some kind of chronic intoxication on the other. The third factor, which we do not know, may be a living organism or cellular vice. In cancer of the stomach the local cause is usually an ulcer and the accessory factor constipation and auto-intoxication. The latter as a rule goes back to infancy—there has always been a stercoremic element. Some prefer to call the condition cholemia. It is for the most part silent. In youth at least the subject is healthy and vigorous. Only by palpation do we bring out the presence of colonic stasis. Even in later life the subject remains at times unconscious that anything is wrong with him. In many cases, however, auto-intoxication is clearly in evidence. In recent years it has been easy to demonstrate the presence of stasis with the x-ray. Naturally the various clinical manifestations of intestinal stagnation, as outlined by Lane and others, may be more or less in evidence. Secondary enterocolitis may lead directly to cancer of the bowel. The author carefully outlines the relationship between stasis and local irritation on the one hand and the development of colonic cancer on the other. The small bowel is relatively immune and stasis is not a factor here, for its liquid content protects it from irritation by solid particles. There are mechanical reasons why stasis and ptosis of the colon favor the development of juxta-pyloric ulcer, both gastric and duodenal.

Sixty-Six Gastrectomies for Cancer.—Dr. R. Oliver, in *La Press Medicale*, Paris, reports this series, the type of operation being the Billroth II. Ten patients failed to withstand the intervention, this including all fatalities within the operative period. In one-half death resulted from post-operative pulmonary complication. There were three deaths from shock and two from peritonitis. It should be stated that this series of 66 cases covers a period of 26 years, dating from 1895. Of the entire series 18 have been operated on during the past three years under local anesthesia. During the latter short period there has not been a single fatality. But in dissociating the series it makes the mortality up to 1918 no less than 25 per cent., while this is offset by the zero mortality of the recent series. Of the 56 patients who withstood the intervention 41 are dead and 13 are living, two others being un-

accounted for. Of the 41 decedents 16 died during the first post-operative year and 13 others before the third year. The remaining 12 died at various intervals beyond three years—all the way from four to twenty years. Since no less than seven patients survived the five-year limit, they may with qualifications be added to the 13 actual survivors. This is true especially of three who survived from eleven to twenty years, dying of intercurrent disease. On the other hand, a number of the actual survivors have been operated on too recently for statistical purposes. The author claims 27 per cent. of three-year survivors.

Warts and Moles.—Dr. George E. Pfahler of Philadelphia, in a recent discussion of a paper on cancer, expressed the opinion that if they were going to treat all warts and moles as though they were precancerous it would sometimes be a pretty big undertaking. He cited the instance of a woman 84 years of age under his care for cancer of the breast with metastatic nodules. She had perhaps two hundred keratoses. He had told her to leave them alone unless they disturbed her. If a woman forty or fifty years of age had those lesions he might advise her to have them removed. Dr. Pfahler said he would not leave a pigmented mole on his body a day longer than he had to; he would have it destroyed by electrocoagulation and thoroughly destroyed.

Radium's Place in Therapy.—A Strauss, Cleveland, in the *Ohio State Medical Journal*, comments briefly on the various pathologic conditions in which radium is used and submits the following classification of affections amenable to radium therapy—

Group I—In which radium is the method of choice.

1, Lymphosarcoma; 2, Hodgkin's Disease; 3, Sarcoma of the Extremities; 4, Fibromyomata of Uterus uncomplicated and not enlarged above the umbilicus; 5, Menorrhagias; 6, Carcinoma of the Cervix; 7, Carcinoma of the Face; 8, Obstructing Thymus in Infants; 9, Keloids; 10, Epulis; 11, Nevus (Hemangioma); 12, Vernal Catarrh.

Group II—In which radium is to be used in conjunction with surgery.

1, Carcinoma of the Fundus of the Uterus; 2, Carcinoma of the Breast; 3, Carcinoma of the Prostate; 4, Carcinoma of the Bladder; 5, Carcinoma of the Rectum; 6, Orbital Tumors; 7, Carcinoma of the Esophagus; 8, Carcinoma of the Jaw; 9, Carcinoma of the Tongue; 10, Carcinoma of the Lip; 11, Carcinoma of the Antrum.

Group III—In which radium has given relief but in which more experience is necessary before advocating its use above other methods.

1, Leukemia; 2, Corneal Ulcers; 3, Toxic Goiters; 4, Tumors of the Tonsils; 5, Tuberculous Adenitis; 6, Carcinoma of the Larynx; 7, Carcinoma of the Esophagus; 8, Leukoplakia.

Group IV—In which radium is only palliative.

1, Advanced inoperable growths.

Group V—Skin Diseases.

Psoriasis, pruritis, lichenification, chronic eczema, xeroderma pigmentosum, xanthoma and lupus erythematosus.—G. S. Reitter.

Radium in Cancer.—Dr. C. H. Voss, in a paper in the *New Orleans Med. & Surg. Jour.*, says: A malignant growth must be looked upon like an eating forest fire. It eats its way in every direction. Do not attack it at its center. Treat it like the forest fire. Even at the expense of normal tissue try to destroy the invading cells at the periphery. Cut off their nutrition and at the same time seal up the lymphatics by making a coffer dam around the growth. Use the Gamma rays over moderate periods of time and at frequent intervals giving the normal tissues time enough to recover some of their vitality between doses. This method is giving the best results. * * * Radium in malignancy means prolonging life and minimizing suffering. If through faulty application or carelessness we fail in these, much of the criticism among some of the members of our ranks is justified. However, radium therapy has fully weathered the experimental stage. Many influential medical men look upon it with disfavor, but careful and conscientious work has amply demonstrated the increasing scope of its usefulness. Let us continue to study the scientific application of this valuable therapeutic agent, confident that radium has done more to assist surgery and the x-ray in combating malignancy than any other therapeutic agent known to the present time.

Radium in Cancer.—Dr. D. T. Quigley of Omaha, Neb., says:

Radium alone is the method of choice in all superficial malignant conditions where the depth is not more than a few millimeters and glands are not involved. This includes lesions of the skin, face, lip, eyelids, mouth, tongue, middle ear and throat, cervix, rectum penis hands and nipple. It is also the agent of choice in surgically inaccessible places such as the larynx and nasal cavities. Where the bulk of the mass is too great to be successfully rayed through, a preliminary raying followed by a very gentle and careful operation should be done. This class will include cancer of the breast, of the thyroid, uterus, sigmoid, adenoma and fibroid and sarcoma. Radium is recognized as an agent that will often make an inoperable case of cancer operable. I should like to emphasize the point that it should also be used to make the operable case operable.

Cancer Treatment by Radium Making Progress.—R. B. Moore, chief chemist of the U. S. Bureau of Mines, says, "Scientists in this country are making new progress in treating cancer with radium. The scientific treatment by radium, however, is successful only when applied with the greatest skill.

"All cancer can not be so cured, and it requires a skilled surgeon who thoroughly understands the proper dosage in order to get favorable results. At the present time the United States produces more radium than all the rest of the world together. From the beginning of the industry in 1913 to January, 1921, approximately 115 grams of radium element have been produced in this country. Probably not more than forty grams have been recovered from foreign ores since the discovery of radium by Mme Currie. Most of the domestic production of radium is from mines in Colorado."

Miscellaneous Items

Getting the Confidence of Cancer Patients.

Dr. D. C. Hilton of Lincoln, Neb., in a paper on "Early Diagnosis of Cancer," says: In dealing with cancer of the breast the types are so numerous, the clinical course so variable, the spread so diverse, the diagnostic problems so complex, and "the sacrifice of tissue so great" that in the majority of cases a suitable adjustment of means to ends is most difficult. This "sacrifice of tissue so great," this "pound of flesh," is the substance of the suspicion, the fear and the distrust that has hitherto made an impasse between the general public and the profession their only refuge from present suffering and certain death. From the first the profession must obtain the confidence, good will and co-operation of the feminine public or its opportunity to extend timely aid and succor will be foreclosed against it. Women must be taken care of in such a manner that their minds will be disabused of the fear that doctors always cut off a breast for every lump discovered, if given a chance.

Deaths from Cancer.—Dr. Ira H. Dillon, Lincoln, Neb., in the discussion of a paper said: I will give you the end results of these cases we have had reported during 1919 and 1920, the following deaths from cancer:

TYPE	1919	1920
Cancer of Buccal Cavity.....	29	43
Cancers of intestines and rectum..	106	134
Cancer of female organs.....	90	105
Cancer of stomach and liver.....	394	460
Cancers of breast.....	61	53
Cancer of skin	6	10
Cancers of unspecified localities..	161	172

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The total number of deaths from all causes in 1919 was 11,651. The total number of deaths from all causes in 1920 was 12,934. A disease that has caused one death out of every fourteen in the State of Nebraska is certainly worthy of the consideration of its medical profession and of its laity.

Red Cross Report on Cancer Deaths.—The League of Red Cross Societies, which was asked to obtain all valuable statistics concerning the increase of cancer, has issued a report in which it states that in the four years from 1908 to 1912 cancer caused more than 1,500,000 deaths in the civilized countries. The report ventures the opinion that had people generally been better informed about the symptoms of cancer and been promptly treated at least 500,000 of these deaths might have been prevented. The country which had the highest cancer mortality between 1900 and 1919 was Switzerland with 125 per 100,000 inhabitants. Holland and England come next with about 100 deaths from cancer to every 110,000 population. Holland's cancer deaths are tending slightly to decrease. The United States comes after England with a steady tendency to increase. Italy comes last. The report of the League of Red Cross Societies pays generous tribute to the work of the American Society for the Control of Cancer, whose general conclusions on the subject of cancer it quotes.

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

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NOTE.—The transaction of business will be expedited, and prompt attention secured if,—

All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to THE EDITOR.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL are sent direct to THE CHAIRMAN OF THE PUBLICATION COMMITTEE.

County society treasurers are requested to send promptly the annual dues of members to State Treasurer Mercer as there is need of funds to meet expenses. Essex, Hudson and Union counties have already sent considerable amounts of their 1922 year's dues.

CANCER WEEK.

As our November Journal goes to press the Cancer Week campaign closes. We have neither time nor space to write an editorial on its work or probable outcome, reserving that till next month. We insert two editorials from other State journals which by oversight failed to appear in our October issue. The first is as follows:

Not many years ago tuberculosis was the leading cause of death at all ages, even among adults. With the great success that has attended the work of the Anti-Tuberculosis Association the mortality from this disease has fallen off until now cancer is the leading cause. Cancer kills, every year, more Americans than this country lost in the whole of the recent war. Of those who reach the age of 40, one woman in every eight, one man in every fourteen dies of cancer. A large part of this mortality is, without

doubt, preventable and would be prevented if both the public and the profession were as a whole fully educated to the perception of the signs and symptoms which should awaken suspicion of the disease in its incipient and curable stage.

About eight years ago at a meeting of the American Congress of Physicians and Surgeons, delegates from all the constituent societies met and approved a plan which was presented by one of its members for the control of the disease. This was the origin of the American Society for the Control of Cancer which has been since then steadily organizing and promoting a campaign of education. The campaign for this year is to include a concentrated effort to spread information simultaneously over the whole country during the week of October 30th to November 6th, which is to be known as "Cancer Week." The statistics and facts which reach the American Society for the Control of Cancer show that there are still too many physicians who are not sufficiently impressed with the urgent need of prompt action in suspicious cases and with the disastrous effects of delay in diagnosis. The Journal would urge every member of the profession whose line of work has not put him into direct contact with modern advance in the management of this disease to make a point of attending these meetings.—Boston Med. & Surg. Jour.

(The other editorial appears on page 368).

OUR CANCER NUMBER.

The Editor deeply regrets that it has been impossible to fully carry out his original plans to make this special issue of the Journal worthy of the Society it represents. We had planned to have it consist largely of original articles on Cancer and editorial articles written by prominent physicians and surgeons of our State and country. Three expected scientific papers failed to reach us in time, so that we were compelled to insert more clinical reports and abstracts from other journals than we intended. Our deepest regret, however, is in failing to secure editorial articles because of the absence from the country of a number and from the fact that others were unusually busy with regular work and the added cancer campaign demands on their

time. Among the former were Professors John G. Clark and J. M. Fisher of Philadelphia, and F. L. Hoffman, Ph. D., of Newark. Among the latter were Professors C. H. Mayo of Rochester, A. J. Ochsner of Chicago, Rudolph Matas of New Orleans, H. A. Hare of Philadelphia, A. S. Clark and E. H. Pool of New York, and Dr. F. B. Lund of Boston.

We were glad, however, to receive from Dr. Ochsner a recent paper on Cancer Infection, and from Dr. Lund a paper on Cancer of the Stomach, both of which are inserted elsewhere. We thank those who because of pressing engagements could not send editorials, for their kind expressions of regret and sympathy with our undertaking. As expressive of the sentiments of all, we insert that of Dr. Matas, professor in Tulane University Medical School, and vice-president of the American Medical Associations:

Dear Dr. English:—Your appreciated invitation to contribute an article on cancer for the November issue of the Journal of the Medical Society of New Jersey has appealed to me strongly and I would gladly comply with your request were it not that I am at present overwhelmed with the most pressing obligations incurred with editors and publishers now long overdue and which do not permit me to divert my attention in any direction outside of these obligations until they are fully discharged.

I regret that I cannot express my appreciation of your kind thought of me in a more substantial way, but the circumstances in which I am placed will only permit me to thank you and to assure you that if I were free to yield to my inclination and desires, I would be most happy to co-operate in your splendid enterprise.

The Editor expresses not only his own thanks but also the thanks of our readers, which he is sure they would authorize, to Dr. Howard A. Kelly of Baltimore, and Drs. Francis Carter Wood and L. D. Bulkley of New York, for their very able editorials, which we know has cost them much valuable time and sacrifice in a season of very active professional work. Their contributions to our knowledge of the disease and its treatment and control will enable us the more efficiently to serve our patients and the public generally.

RESPONSIBILITY OF THE MEDICAL PROFESSION FOR THE CANCER SITUATION.

The average physician is rather pessimistic in regard to the cure of cancer. This state of mind arises from the experience physicians have had with cancer. The truth of the business is, that in too

many instances physicians have permitted the disease to go unrecognized until cure is improbable if not impossible. This is not to say that they have been altogether to blame for this state of affairs. Cancer, in its early stages, aside from the fact that it is rarely, if ever, painful, so closely simulates other diseases that errors in diagnosis may not be entirely avoided, even with the greatest care. Incidentally, the opportunity to become thoroughly familiar with the disease in all its stages is given to but few practitioners of medicine. It is said that the great majority of cancers of the rectum are at first treated as hemorrhoids; cancers of the tongue and mouth are permitted to progress without interference because there is a coincident syphilis, shown by the positive Wassermann, and uterine malignancy is allowed to advance unsuspected because of complicating pathology otherwise.

The laity must more than divide the responsibility for the needless fatalities from this disease. It is easy to blame the doctor and we too often remember that he has let these cases get beyond control without warning the patients. We should remember that multiplied warnings he has uttered, that have gone unheeded by people who do not desire to be bothered by the thoughts of a disease so terrible in its consequences, or who have abiding faith in the non-existence of disease, or in the supreme power of the cancer quack, and who pays the penalty of devotion to an idea. We can offset the physician who says "Wait and see what happens" with the layman who is "afraid of the knife," or who will "think about it." Purely as a matter of responsibility and on a comparative basis, we are in the clear. In other words, the medical profession has done more in proportion to its inherent responsibility than any other group of citizens has done, to discover this disease and curtail its prevalence, not to mention the mitigation of the distress it is causing. At the same time, we have failed to very closely approximate the possibilities of our opportunities.—Texas State Med. Jour.

COUNTY SOCIETIES' REPORTS.

We had expected to insert the October report of county and local societies on the closing pages of this issue of our Journal, but late cancer matter which was promised insertion has exceeded our ex-

pectations in the space required. They will appear with additional reports next month.

THE CANCER WAR.

The fight against cancer stands upon a tripod, namely education of the public and the medical profession, timely surgical aid, and no less timely aid with radium therapy. While the ultimate cause of cancer had not been discovered, and even seems as far from discovery as it ever has been, we do know the name of certain of the secondary agents provocative of cancer, by removing which we can prevent it and effect the saving of many lives.

Long continued local irritation, whether on the outside or inside the body will produce it, such as repeated applications of immoderate heat to a part, or the chewing of betel nut mixed with lime, smoking tobacco, a neglected fissure or sore, or small tumor, especially if it is in the breast, and irritated warts and moles which are fruitful sources of malignancy. A badly healed or irritated scar is a dangerous tenant to harbor. If our whole country gave up tobacco we would have many less cases of cancer of the mouth. If our people could all secure the benefits of good dentistry, we would have fewer cases of cancer of the mouth to deal with. Lacerations of the neck of the womb associated with inflammation and some discharge often ends in cancer. Universal attention to these well-known facts would reduce the statistics of cancer immediately.

Experience has taught us clearly that cancer is always a local disease at the outset, and this simple observation at once inculcates the great principle that if treated at all it ought to be seen and treated early. In order to secure this early recognition of cancer it is necessary to call together and educate the public to apply for medical advice by sane systematic propaganda. This simple fact of lay co-operation has opened up vast possibilities in the field of medicine and clearly establishes the principle of taking the public into our confidence in many other fields as well, in which we shall then act more effectively and proceed more rapidly if only we secure such general hearty aid. The results of this educational propaganda are already apparent in improved statistics, all over the land, perhaps most notably in tumors of the breast and in the skin epithelio-

mata. Education is a *sine qua non* in both of the two processes which constitute the remaining two legs of the tripod, namely Radium and Surgery, by which a direct attack is made on the established disease. I name radium first here because of its vastly greater importance as a remedial agent. From its early small beginnings it has come gradually to occupy a vast field, and to include in its beneficent action a whole realm of malignant growths for which thirty years ago there seemed to be absolutely no hope, and which by reason of the impotency of surgery has come to be considered as medical. I refer to lympho-sarcoma or Hodgkins disease and to some leukemias. The results in these affections have often been brilliant, for not only do neck and axillary tumors melt down, and the patients frequently remain well over a period of years, but large mediastinal tumors, literally choking their victims to death, and great abdominal masses also yield just as rapidly.

It is hard for all of us to grasp these fundamental differences between radium and surgery, namely that while certain regions of the body are utterly inaccessible to the surgeon, the penetrating invisible radium ray works through bone and flesh as though they were not there. Also it is impossible to operate on both sides of the neck and then on both axillae, and lastly on the abdominal glands and the mediastinum, and to finish with more than a cadaver on hand. Radium, however, can be used effectively in all these regions without detriment and without any discomfort more than nausea, and if the dose seems too big for one day, it can be divided up and applied on successive days. Furthermore, the radium knife, which is but a ray, searches out in the surrounding tissues all the abnormal microscopic elements which necessarily escape the eye of the surgeon, only to reproduce the disease later.

In dealing with some of the problems I am outlining here large quantities of radium are necessary. It is a source of deep regret that the National Government did not at the outset, as I urged, expropriate all the Carnotite lands, which are useless for other purposes, in order to extract enough of the precious metal to endow some thirty to fifty clinics in various parts of the country, with from one to several grams of radium. I feared when I urged it that all the ore-bearing lands

would fall into the hands of one firm; fortunately the event has not justified my expectations.

Radium is incomparably the best remedy in the epithelial cancers about the face, restoring the parts to their normal status without disfigurement. I see cases daily in which eye or some substantial part of the nose or some other feature would have to be sacrificed in order to effect a complete extirpation with surgery, where the cure with radium is easy. It is, therefore, but fair, in the highest interests of our art, to ask surgeons to cease operating on these cases, just as we ask them to quit operating upon Hodgkins disease and lympho-sarcoma. I no longer advocate operating upon cancer of the cervix of the womb, and claim all these for radium therapy. Cancer of the body of the womb, is remarkably amenable to radium when for some reason, such as a dyscrasia, or some serious ailment involving some other organ, operation presents unusual risks. Finality has not yet been reached in this matter. Early cancer of the vagina yields in a wonderful fashion to radium. The **a fortiori** argument applies to cancer of the cervix uteri, namely that if radium often cures or greatly improves advanced cancer, how much more those of lesser extent. It does not, however, as yet apply to those of the breast; here radium's best field has been in the inoperable cases, which often improve remarkably, as well as in the local recurrences. Here from time to time the outcome of carefully applied treatments has been beyond expectation. I might here refer in passing to the almost uniformly good results in tuberculosis of the glands of the neck, which fade away under radium. Here in this whole field, as in surgery, **follow-up work is most important.** Lives are often lost through recurrences, which might easily have been saved by regular reports as to condition.

The last leg of the tripos is surgery, which although its field is greatly limited by the advent of radium, still occupies an honored place in our therapeutic armamentarium. Surgery alone can handle the occasional cancer of the stomach which comes early enough to be removed radically. Surgery, too, alone can remove papillomatous and cancerous ovarian cysts. Surgery, too, controls the field of brain tumors, although in the case of cancer it is of little use, just here; in co-op-

eration with surgery we have had some promising results. Sometimes when radium has reduced a tumor, which was previously inoperable, surgery then steps in to complete the work successfully, though this combination is rare.

I have thus only touched the fringes of a large territory, but a general review of this kind from time to time, is not without its value in keeping a great subject vividly before the mind of the profession. —Howard A. Kelly, M.D., Emerit. Prof. Gynecology, Johns Hopkins Univ. Med. Dept., Baltimore; Howard A. Kelly Hospital.

THE EXPERIMENTAL STUDY OF CANCER.

From talking with surgeons and from reading current surgical literature it is perfectly evident that the whole question of the operative treatment of cancer is more or less in the air. It has been forcibly brought home to the surgeon of late years that only by extensive and early operations can cancer be eradicated from the body. The investigating committees which have been collecting statistics on the final results of operation, especially on sarcoma, have been able to find an astonishingly small number of patients who have survived for a five-year period. The extraordinary and unwarranted claims made by enthusiastic workers with x-ray and radium have also disturbed the surgeon's equilibrium. Advantage of the situation is being taken by the quacks, both inside and outside the profession, whose boldness in advocating all sorts of dietary and serological cures for cancer has increased the hesitating attitude of the surgeon. In the midst of all this confusion the chiropractors and the osteopaths of lower grade are massaging such tumors as they are able to get hold of. A few of the saner minds, like Deaver of Philadelphia, the Mayos, Greenough of Boston, and others, have faced the situation boldly, but it will be necessary to make a careful and unprejudiced examination of the entire subject before the atmosphere can be clarified. It is a comfort, therefore, to turn to some of the results obtained in the laboratory as giving a few concrete facts in which enthusiasm plays but little part. To sum up the laboratory's achievements in a few sentences, it may be said that it has been proved that neither diet nor any serum or vaccine or

medicine has the slightest effect upon the growth rate of animal tumors. Obviously, if an animal is severely starved the tumor will not have so much food as if the animal were well fed, and its growth will be slower, but in the division of spoils the tumor always wins, and in the dying animal as in the dying human being the tumor grows while the body shrinks. It has been shown that in animals incision of the tumor does not increase the number of metastases, but that massage does enormously increase the metastatic rate. The doses of x-ray and radium necessary to kill all the cells of a number of types of mouse and rat tumors have been accurately determined, and form the only scientific basis for dosage in radiotherapy. It has been found that some of these animal tumors are killed with as small a dose as that which corresponds to 1.5 erythema dose in a human being. Such tumors are comparable to the basal-cell tumors of man, which, it has long been known, can be killed in a considerable percentage of cases by either radium or x-ray. In contrast to these tumors of low vitality, others are found in animals which require 9 to 10 erythema doses, an amount which it is impossible to give to a human being and have the patient survive. The analogues of these tumors are the slow-growing sarcomata of bone which are now generally acknowledged even by radium enthusiasts to be insusceptible to radiation. The majority of the animal tumors require four to five erythema doses to kill them, and this is about the dose necessary for the more malignant human types. This quantity of x-ray is dangerous to administer. It is only possibly with radium in certain organs, as, for example, the uterus, because of the protective effect of the thick muscular coat of this viscus. Hence, as might be expected, the best results of radium treatment of metastasizing tumors have been obtained in this region. Whether the successes will equal those of surgery only time will tell. Ten years from now it will be possible definitely to state whether or not radiation will replace surgery, but not before. Finally, the artificial production of tumors in animals on a large scale has shown the immense importance of chronic irritative processes in facilitating the appearance of malignant tumors. This fact, now demonstrated beyond question, points more

strongly than ever before to the prophylaxis of cancer by the avoidance of all irritation, especially along the gastrointestinal canal, and the necessity for prompt cure, if necessary by excision, of all ulcerated areas. — Francis Carter Wood, M.D., Director, Institute of Cancer Research, Columbia University.

THE THERAPY OF CANCER.

Cancer is no longer regarded by a large number of thinking physicians, and some surgeons, as a purely local disease, but as an expression of a constitutional disorder, a carcinosis, of which the lesions in various parts of the body are but the local products, even as in gout, tuberculosis, leprosy, arteriosclerosis, rickets, etc. Naturally, therefore, the proper treatment consists, not in cutting or burning out, or dispersing with x-rays, radium, diathermia, etc., such groups of disordered cells, but in so altering the systemic disorder that the cells, gathered here or there in meeting against their formerly physiological normal surroundings and control, that is their pabulum or blood supply, will return to their former allegiance and perform again their proper function of secretion.

It follows, therefore, that when the various errors of life which have caused certain previous normal body cells to rebel against their normal physiological control and go on a mad rampage, are removed and the blood stream is ideally pure, and all the cells are rightly nourished, the carcinosis is cured, and the lesions which we call cancer often heal and disappear, and will not recur. But with the simple removal of a lesion or lesions by surgical or other means, and with the body conditions which induced the carcinosis still operative, there will of course be a recurrence of the local lesion, or cancer somewhere, either in or near the original site, or elsewhere in the economy, upon or without the occurrence of a local injury, which latter can never alone cause a cancerous lesion, without the systemic disturbance mentioned. All this had been abundantly shown in various writing and in the many cases which have been reported.

What the dietary, hygienic and medical measures are which are necessary to cure the carcinosis, we have not the space here even to mention; they may be legion in different cases, and have been fully discussed and elaborated in my volume on

cancer treatment. But all these must be employed with the most intelligent and careful study of the individual patient, and with a medical acumen, optimism, patience and perseverance required in hardly any other disease, but which the hitherto hopeless aspect taken of cancer fully warrants. "Eternal vigilance is the only price of liberty" from this dreadful scourge, which now carries off nearly 100,000 victims in the United States yearly.—L. Duncan Bulkley, M.D., Senior Physician of the N. Y. Skin and Cancer Hospital.

CANCER OF THE PROSTATE.

Dr. A. L. Chute of Boston, has an able paper on "Some Aspects of Cancer of the Prostate" in the Boston Med. and Surg. Jour., Oct. 27th. His conclusions are as follows:

It is my conclusion that in all instances where a malignant prostate is producing obstruction to urination it should be removed unless the patient's general condition is such as to absolutely preclude this. That in the cases in which patients complain of pain in the thighs or sacrum, the perineal removal of the growth will give temporary relief in some of the cases. That operation in carcinoma of the prostate should be carried out by the perineal route and that radium should be left in any bits of suspicious tissues that remain, or in the cavity from which the prostate tissue has been removed. That the removal of these growths may be carried out with relatively little risk when done by the perineal route; that there is little probability of a permanent fistula.

MISCELLANEOUS CANCER ITEMS.

Middlesex County Cancer Meeting.

A special "Cancer Meeting" of the Middlesex County Medical Society was held at the Court House, New Brunswick, on Wednesday, November 2nd, at 4 P. M. The meeting was devoted entirely to the subject of cancer and was open to the public. Dr. Fithian presided and about thirty-five members were present.

Dr. Fithian reported that in accord with National Cancer Week, a public meeting for women was held at Perth Amboy on October 31st at which there was an attendance of over 1,500. This meeting was addressed by Dr. E. J. Ill. Dr. English reported that a similar meeting was held at New Brunswick at which there was an attendance of 400. This meeting was addressed by Drs. E. J. Ill, J. F. Hagerly and Margaret N. Sullivan.

The program for the county meeting was very able and interesting. Dr. C. A. Hofer of

Metuchen read an excellent paper on Gastric Carcinoma. Dr. F. C. Henry of Perth Amboy presented a case of Carcinoma of the Tonsil that was under radium treatment. Dr. Benjamin Guttman of New Brunswick reported a rare case with clinical and post-mortem findings, viz.: A primary diffuse carcinoma of the liver in a man 27 years old. Dr. Edgar A. Ill of Newark discussed radium in the treatment of carcinoma. His extensive experience in treating cases with radium indicated that it had a definite lasting value as compared to the more drastic and disappointing surgical measures. He made an earnest plea for early recognition and hence early treatment. Dr. Ill strenuously opposed the stand taken by Dr. Deaver, a surgeon of prominence, that radium had no proven value. Dr. A. Schuyler Clark of New York gave a lengthy discourse on cancer of the skin. His experience with radium treatment extended over a period of fifteen years and he stated definitely that it had a curative effect specially in rodent ulcer. As preventive measures against the formation of squamous cell cancer, he advised that treatment should be directed to apparently benign skin lesions in which carcinoma is possible to supervene. As examples he mentioned warts, simple and pigmented, seborrheic warts, leucoplacia, scar tissue after burns, etc. Dr. Guttman gave a discourse on his experience with radium wherein he stated that his results were very satisfactory. Dr. G. W. Tyrrell of Perth Amboy discussed the paper of both Dr. Ill and Dr. Clark.

"Shun the Quack in Cancer Cases."

Dr. Frances Carter Wood, director of the Institute of Cancer Research, Columbia University, one of the scientists leading the "National Cancer Week" movement, has written a striking article on "The Cancer Quack and His Methods." The American Society for Cancer Control has published it as a part of its campaign of education by which it hopes to reduce mortality from the disease. Dr. Wood writes: "The great popular interest in the mystery surrounding radium and x-ray has permitted a group of quacks to play upon the unsuspecting by giving treatments with insufficient quantities of radium and badly administered x-ray. If too small doses of either of these remedies are used the tumor is stimulated to grow faster rather than benefited. The mechanical manipulative therapeutics also do great harm by attempting to rub tumors away. Instead they rub the tumor all over the patient, prevent any possibility of successful operation and ultimately hasten the patient's death."

Facts such as these are just what the American Society for the Control of Cancer is trying to spread in its "National Cancer Week," which will be held all over the country from Oct. 30 to Nov. 5, inclusive. A vast number of people will be urged by the society's speakers to have frequent medical examinations after they reach the cancer age, which is about forty-five, always to employ a reputable physician, to shun the quack and not to put off from day to day and from week to week treatment which, in many instances, will result in cure. There is no disease in which delay is more dangerous than cancer.—From the N. Y. World.

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THE DANGERS AND DUTIES OF THE HOUR.

Address Delivered at the Banquet of the Medical Society of New Jersey's Annual Meeting at Atlantic City, June 15, 1921.

By Hobart A. Hare, M.D., LL.D.,
Philadelphia, Pa.

Professor of Therapeutics and Diagnosis in the
Jefferson Medical College.

Some of you probably remember the story of an Eastern prince who, while walking through the garden of his father, was charmed to see one of the magicians of the court touch a light to a torch; and, as the smoke and flame arose from that torch, he was delighted to see a representation of himself, but fairer than he ever thought he could be. Turning to the magician, the prince said, "Is this truly a representation of what I am?" "No," replied the magician; "it is not like what you are, but what you ought to be." The introduction that I have had this evening from Dr. Carrington puts me in the position of the Eastern prince; so far as the rebuke of the magician is concerned.

The title of my address is taken from one by Dr. William Goodell, a graduate of Jefferson College, but who was for many years a professor in the University of Pennsylvania. It was entitled the "Dangers and Duties of the Hour." These today are so varied that it is impossible for me, in the few minutes that I can detain you, to take all of them into consideration; but I shall speak of a few of them.

As we all know, there is a curious condition of unrest and lack of solidarity in the world at present. There is an existent idea that all men should get something but give nothing for it. Some men have the belief that they were born into

this world to reform everybody else and with the idea of standardizing everything we touch and do. Our food is standardized; our drugs are standardized; our forms of medical practice are standardized. They say we shall do this or that. They standardize our hospitals, whether in a town of five thousand, or in a city of two million inhabitants. They are saying to free-born American citizens, "If you are going to be in Class A, you must do what we say, and if you do not do what we say we will publish your name as belonging to Class B. Often you find that the instigators of these measures belong to one of two classes: they are either men who have not made a success of practice and are running off on some side line which they are free to follow, or, because of some fault in their mental structure, so to speak, they go about devoting themselves to the task of trying to direct their successful brethren. They have wild ideas, and decide that the rest of the medical profession must be guided by what they say.

Long-haired men and short-haired women go to Washington and lobby. They buttonhole Senators and Representatives, and make them believe that there is a real demand for what they ask; and the Senators and Representatives pass a law to get rid of them. As a celebrated politician said, when I protested against a certain law being put through, "You do not know much about these things." I said, "I do not; but what I do know, I hate like the devil." He said, "This bill is going through, and will be signed, but the amount of money that will be appropriated to enforce it will be so small that it will not amount to anything. That will get rid of the long-haired men and the short-haired women; if we do not think the bill is a good one, we do not make a large enough appro-

priation to enforce it, but a real danger exists for these people are now attempting to tell us how to live while we are trying to make a living.

We find members of our profession, with great enthusiasm, many of them conscientiously believing in the correctness of their views, advocating propositions by which medical men will become mere hacks by reason of laws supposed to help the people. If we do not look out we will fall into the position of the panel doctor of Great Britain. I heard the story of a poor panel doctor in London who is paid less than one of their bus drivers. In writing a prescription for one of his poor patients, he ordered twelve capsules, but the patient took only eight. What do you think happened? A couple of politicians that controlled that particular district called that poor fellow up before them, criticised him, tried him, and finally fined him because he had put the city to the expense of putting up four capsules more than the patient needed. The men who did this were commonly known as "Bath House John" and "Hinkey Dink."

When the medical profession permits itself to resort to health centers and poor law clinics, it is being euchered out of its own. It is deceived by a star, which is going out as soon as its members try to grasp it. Group practice, which is a much more ethical procedure, is dangerous. Some of those who know the results of group practice describe it in this way: A man forms a "group" which begins to touch the borderline of non-ethics, because they are going to work as a bunch and get all the business, or trade, that they can each for the other. After this has been going on a while, the man who formed the group, and considers himself the head of it, finds that a large part of the patients are going to one of the other members of the group, because they like him better than himself. Jealousy is aroused in the group, and the group falls apart. One man says that he was inadequately paid; another has failed to get his percentage; and the fourth says that the first man hogged the whole thing.

Is there anything in the practice of medicine carried on in that way? No. Practice must depend on what the man is himself. There cannot be a department store arrangement in the practice of medicine, because it is a profession and

not a business. In the former you are dealing with the sick who depend on you to be human and humane, but in business the principle is caveat emptor, let the buyer beware.

There are other things closely related to the practice of medicine and to the great economic problems, such as the Pure Food and the Drug Act. Under the Harrison Act, they have no right to tax us three dollars a year, so they call it a license. In other words, a legitimate practitioner is taxed because he uses morphine, or other pain removing drug, for a patient who is in agony. Why not fine the life-saving squad each time it brings a man ashore? They do not use the dollars that they collect for the uplift of the profession, nor do they use the three hundred thousand dollars or more for the benefit of people who failed to get the morphine when they needed it. On the contrary, it is not spent for anything that has any connection with the medical profession or suffering humanity. It is a gouge, and should not be permitted. It is our fault that this is permitted.

If there were more members in the medical profession like the men who represented your Society at Trenton, then something would be done along lines different from any that now exist. A certain Western State supports a hospital which was not run in such a way as to meet the approval of medical men. Six hundred physicians went to the Capitol and said: "We will not have it." They did not have it, and that is what you did at Trenton. These are the only two states in which the profession has acted with that degree of solidarity; and until the profession wakes up to the need of fighting for its own, we shall be in constant danger.

You see people going to various State Legislatures, and to Washington and claiming that profiteers are poisoning the people by using food preservatives, and they have introduced bills preventing the putting of certain things into foods to preserve them. Those on the inside, however, find out that the instigators of much of this legislation are not those who have the well-being of humanity at heart, but wish to cripple the business of a rival concern. There was one instance in a Western State where it was shown that one baking-powder company spent two hundred thousand

dollars in one session of the Legislature, so as to get the Legislature to put another company out of business, under the untrue plea that the competitor used a poisonous substance. Again it was only a few years ago that every honest butcher at the end of the week had a certain number of pieces of meat that were perfectly good and fresh, and could be made into hash or Hamburg steak, if he mixed with it something that helped to preserve the meat. But some one went to Harrisburg and said that hypsulphite of soda and boric acid are poisons, and they passed a bill that no food should contain either. This forces the poor people, when they want a piece of beef to buy high price beef. The fact is that neither of the preservatives in the quantity present in the meat would do a man any harm if he ate twenty times as much as he does, every day in the week, every week in the year.

We are busy in the practice of medicine, and possibly think, "Oh, well, what is the use?" Possibly my attitude is like that of a friend of mine who has great political influence in Pennsylvania. I once said to him, "There are two bills before the Legislature. One is the Anti-Vivisection Bill, and the other, the Anti-Vaccination Bill. We ought to kill them both." He said, "I am not going to raise my finger against the Anti-Vaccination Bill, but I will try to kill the Anti-Vivisection Bill." I said, "Don't you believe in vaccination?" He said, "Yes; but if they stop vivisection, all mankind will suffer; but if they stop compulsory vaccination, we can go on and vaccinate the wise and all the damned fools will die." That was his proposition. There is a good deal in it.

Some of us say, "No one is interfering with us"; then suddenly we wake up and find this Harrison Act or the Volstead Act is jammed down our throat. This happens to you and it happens to me. When I went to get a license so that I might prescribe some whiskey for a dear old lady of ninety, on whom it acts better than anything else in smoothing the rough path of old age, I was handed a blank to fill out and told I must state whether I was an allopath or a homeopath. I said, "I am neither." The clerk said, "You must be one or the other." I said, "I am a regular practitioner of medicine. I will do anything for anybody that I think will do any good. Why

should I be called an allopath?" He said, "If you are a homeopath, you get a permit for sixteen gallons; but if you are an allopath, you only get a permit for three." It looks as if the homeopaths had been able to convince the authorities at Washington that like cures like, but the prohibition officer said that they use the alcohol to make their tinctures.

Where are we, that because a man chooses to call himself a homeopath, he can get sixteen gallons, and because he calls himself a regular practitioner, he is limited to three gallons? Is this a free country, under these circumstances? I think not. This is because we neglect the dangers and duties of the hour.

There is a large Chiropractic College in Iowa which graduates more chiropractors in a year than all the medical schools in the United States graduate regular physicians in a year. The other day, a man, a supervisor, said that he had a boy that he thought would like to study medicine. He did not know anything about medicine. That is the trouble with the laity. They do not know anything about medicines. If you give them an ointment and it cures them, they think you are a great doctor; but if you talk to them of a polymorphonuclear count, they do not know what you mean. This man made this cold-blooded proposition: He said, "I am a man with a large family, and cannot afford to spend much money for the education of my boy. I have been looking into the matter, and find that if he studies medicine, it will be five or six years before he earns a dollar; but if he goes to a chiropractic place, he will make money in a year or eighteen months." It was true. There was no use in arguing with him, or saying, "You ignorant fool; your boy is probably of the same character as you, and ought to be a chiropractor."

I recently visited a town not far from here, where there was a grocery store on one corner, and a store of another kind catcornered from it. These stores were the homes of two boys who had wanted to study medicine. One boy spent four years studying before he graduated. The other became an osteopath, and was practising for four years before the other boy came back with his sheepskin and from his hospital service. From the standpoint of fathers, the one who became an osteopath and an early money-maker did the wisest thing. You

cannot correct this view by defamation or making fun of it. You can correct it only by an educational campaign.

Now, as to the best means of opposing this danger to the people rather than to ourselves: It is not by going to the Legislature and fighting it on the ground that it is some form of irregular practice. The best method is to educate the laity, so that they will recognize that these various peculiar cults and schools never do anything except for one purpose, as has been illustrated on this stage tonight. The laity do not know that almost every man in the medical profession of the United States does fifty per cent. of his work for nothing, as I happen to know from the investigations that I have made. The way to combat quackery is not as two camps engaged in commercial pursuits would try to correct it, but by a process of education.

Not long ago, I had an amusing experience, when a patient of mine went to the altar of a foreign God. She told me that she had been under the care of a certain osteopath, and said, "I hope you do not mind." I said, "No; the more he practises, the more I get." "Isn't that funny," she remarked, "that is just what he said about you!" I mention this joke on me because it illustrates the fact that you cannot do anything in the way of opposition except by education. A bank president in Philadelphia was told by a quack that he could cure him of cataract by reducing a dislocated spine. He does not know medicine, although he knows law. He should have enough education to know that he could not be cured of cataract without a surgical procedure. He must be educated, so that he will not be fooled.

I have been rather diffuse in my remarks tonight; but I told you when I began that the topic was a large one to cover. After all, what does this topic mean? It means that the dangers and duties of the hour require that the New Jersey State Medical Society, and every other State Medical Society, should do as this Society has done; Charge as a phalanx, and fight not only against the outsiders, but also against the small group inside.

In my opinion, the present organization of the American Medical Association has certain serious objections. In the old days, when there was a meeting, all of the men coming from a certain State got

together and acted as a group representing that State, to put through such legislation for that State or the country as seemed wise. When the association got larger, it was decided that there must be a House of Delegates, and a comparatively few rule this, when you consider the number of men represented. The State of Pennsylvania has only six or seven delegates; the State of New York, nine; the State of New Jersey, three. This House of Delegates meets, and what is it made up of? It is made up always, of course, of men who are worthy members of the medical profession; but they are not usually chosen as members of the House of Delegates because they know anything about the business that is going to be transacted. On the contrary, the State Society appoints them as delegates because they are good fellows, because they are going to the meeting any way, or for some other reason. They go to the American Medical Association meeting, and do not know anything about the business to be transacted or the problems to be discussed, and somebody gets up and says that the Council on So-and-So recommends the adoption of the following resolution—perhaps that alcohol is never of value as a drug, and is always harmful (which is ridiculous, because it is untrue and it is no more deleterious than any other drug). "All in favor of this resolution, please say 'Aye'"; and Dr. Jones of Rural Lake and Dr. Smith of Tunk Town shout "Aye," and it is telegraphed all over the land that the American Medical Association has passed this resolution, and that thousands of the medical profession assert as a body that alcohol is always a poison, and never of value as a drug. The newspaper does not say that a large minority voted against this resolution, or that a small majority voted for it, but it goes out as the statement of the whole medical profession, although the section made up of pharmacologists who devote their lives to the study of the action of drugs protested against such action being taken.

What then are we to do? We must at one and the same time preserve the rights of the individual and maintain the rights of the profession as a mass. While we are busy with the sick we must remember that there are others who are busy with our affairs and should be watched. There is too much influence exercised by an active small minority and

too little by an inert great majority. The latter must be more active in asserting their beliefs and wishes.

IMPORTANT CLINICAL FEATURES OF GOITRE:

THE SURGEON'S VIEW OF WHAT THE
GENERAL PRACTITIONER SHOULD
KNOW ABOUT HYPERTHY-
ROIDISM.*

By **John P. Reilly, M.D.,**
Elizabeth, N. J.

One hundred and thirty-five years have passed since the first accurate description of exophthalmic goitre was written, and in that time, tremendous progress has been made in the study of the pathology, etiology and treatment of this most disfiguring and fatal disease. Yet today, we are still a long way from the goal of perfect knowledge, both of cause and treatment.

Abnormal conditions of the thyroid gland still offer a wide field for therapeutic endeavor and clinical study, and even the most remote rural practitioner may well be able to add something of value to the still meager total of our knowledge. It is, therefore, extremely desirable that every practising physician should be as fully informed as possible concerning the early manifestations of thyrotoxicosis, for it is usually the "family doctor" who has the first opportunity to view these symptoms, and it is upon his skill in diagnosis, and his judgment as to the best course of treatment to be instituted, that the entire outcome of the case may often depend.

Although goitre was known and in a way, recognized almost before medical history began to be set down, it is only during the past forty years that there has been any real development in study and treatment. It was first described by Parry, in 1786; later Graves, in England, and von Basedow, in Germany, gave more extended accounts of it, so that the symptom-complex resulting from hyperthyroidism came to be generally known as Graves' or Basedow's disease. But with the more extended knowledge of thyrotoxicosis, these names, as well as the designation exophthalmic goitre, have become indefinite and misleading, and a demand has arisen for a more exact nomenclature.

The surgical treatment of hyperthyroidism practically dates from the experiments and researches instituted by Theodore Kocher about the year 1882. A new field for study was offered in the experimental problems which suggested themselves in connection with thyroid function when he discovered that extirpation of the thyroid gland was followed by severe cachexia. At first these experiments were complicated by a lack of knowledge of the parathyroid glands, but now that subject has been cleared up by a more exact study of those bodies. Then came the observation of the efficacy of thyroid extracts administered by mouth as a substitute for the gland itself, and finally the discovery that the thyroid possessed a marked power of regeneration when transplanted—sufficient to enable it to act permanently in place of a removed or diseased organ.

Our knowledge of hyperthyroidism has been increased by the ability to study glands removed at the various stages of Graves' disease. At a recent meeting of the North Jersey Academy of Medicine I had the privilege of seeing an exhibition by Dr. Grey, of mounted specimens of every known variety of pathological anatomy of the thyroid gland. Such demonstrations are of inestimable value in assisting clinical recognition, yet the complicated phenomena which occur in connection with the reaction of thyroid diseases on the organism as a whole still offer a rich field for investigation that may well lead us into a consideration, "not only of cretinism and exophthalmic goitre but also of certain neuroses, psychoses and dematosis, rickets and osteomalacia, obesity and allied conditions." (Oschner¹).

The thyroid secretion acts upon the body cells, making their energy available to the organism. From the iodides in ingested food the gland is able to establish a supply of iodine secretion sufficient for the needs of that organism². If the function of the gland is in any way interfered with—as is often the case—a simple goitre may develop. This may be caused, not only by inability of the gland to functionate properly, but also because some very unusual demand has been put upon it, which it is unable to meet. Hypertrophy results because of the failure of some area of the structure to deliver secretion. Iodine, found by Baumann in 1895 to be a constituent of the normal

*Read at the 155th Annual Meeting of the Medical Society of New Jersey, June 16, 1921.

thyroid, is notably deficient in the gland in exophthalmic goitre and is variable in the gland of adenoma with hyperthyroidism. Moebius, in 1887, suggested a hyperfunction of the gland in exophthalmic goitre. Greenfield, in 1893, observed in six cases that diffuse parenchymatous hypertrophy and hyperplasia were present, and that the gland contained little colloid. Wilson, in 1908, confirmed and elaborated Moebius's theory and Greenfield's statement by a report on the first large series studied (294 cases) and showed that the amounts of hypertrophy and hyperplasia were usually in proportion to the severity of the symptoms (Mayo³).

We know that the thyroid is stimulated by the physiological change of menstruation and of pregnancy, and that it is reduced by starvation and increased by overfeeding. The studies published by Magnus-Levy in 1895 on the influence of the thyroid in metabolism were a great advance in medicine and have been supported by such works as that of Boothby and Sandiford, who made a study of some 18,000 metabolic tests, and of Plummer⁴, who showed that thyrotoxin increases the rate at which the body produces energy in mathematical relation to the amount given. All these investigations have served to illumine the obscurities shrouding the whole subject of hyperthyroidism, yet it is to the surgeon that we are still finally compelled to look for aid in most of our cases.

The diagnosis of goitre is usually simple enough because of the definite location of the thyroid gland and its attachment to the trachea, causing it to move upward with the larynx during the act of swallowing. As the form of the thyroid gland is quite regular, a uniform enlargement is very easy to distinguish, but as it very often happens that the enlargement is not in the least regular, the diagnosis thereupon becomes more difficult. Most commonly one lateral lobe is greatly enlarged, the middle lobe in a less degree, and the remaining lateral lobe very slightly or not at all. Less often the middle lobe will be the chief point of hypertrophy and the lateral lobes only slightly affected, or apparently quite normal.

Sometimes a carcinoma of the neck lymph nodes may be present, but is so small that it is easily overlooked. Should this be the case, however, it can be easily differentiated from a goitre because it is always secondary to a carcinoma in some

other location—as the pharynx, ear, parotid glands or mouth—and moreover, such a mass will not rise and fall with the larynx, while a careful examination will reveal the normal thyroid gland in its proper position. It is the duty of the regular practitioner to equip himself to make such a differentiation because simple goitre is seldom seen by the surgeon until it is quite well advanced, and its size has become an annoyance to the patient on account of its repulsive disfigurement or the difficulties its pressure causes in the acts of breathing and swallowing. The two cardinal symptoms of hyperthyroidism early recognized were goitre and exophthalmos, and it was not until later that the third and most important one—tachycardia—was added.

Often there is a marked discrepancy between the size of the goitre and the severity of the other symptoms. But as Oschner suggests, when one bears in mind that even minute quantities of any one of a number of active drugs with which we are familiar when introduced into the circulation will produce exceedingly violent symptoms, it is easy to understand how the secretion from a very small portion of diseased tissue in the thyroid gland may produce all of the symptoms of this disease. Any of these symptoms may be intermittent. The extent of the swelling may vary from one week to another; at one time the eyes may be startlingly prominent and at others the exophthalmos will be scarcely perceptible; the pulse may run all the way from eighty to one hundred and sixty beats per minute, although it is exceptional for it to fall much below a hundred during the patient's daytime activity.

These variations are due to outside influences, both physical and mental. Emotional excitement, grief, fear, rage, or even joy will greatly aggravate hyperthyroidism, and the same result will follow overwork or any other excessive physical exertion. These relations were interestingly demonstrated during the war. Goitre is so much more frequent among women than in men that it has come almost to be regarded as a "disease peculiar to the female sex." The old theories as to its "nervous origin" were largely founded upon this conception. Yet during the four years of the European war goitre occurred with constantly increasing frequency among troops serving at the front, its incidence being almost as

high as that for the civil population, which in many regions was largely composed of women. Many cases of "shell shock" later developed all the "ear-marks of exophthalmic goitre." (Bram). While such reports cannot be taken as conclusive proof, they yet lead one to feel that exhausting mental or physical conditions have a greater share in producing hyperthyroidism than the pathological, geographical or hereditary factors on which so much stress has been laid in the past.⁵

Emil Goetsch⁶ considers that weakness is a symptom which has not received the consideration it deserves, and should be particularly emphasized. This is so common, so early and so marked, that he has come to regard it as of more importance than nervousness, as he has had patients in the early stages who practically denied being nervous, but admitted great fatigue and continued inability to "do things." Furthermore, there is palpitation, dyspnea, emotionalism, tremor, throbbing and increased perspiration. His treatment consists of complete rest, relief from stress and anxiety, and the administration of bromides, with occasionally small doses of iodide, although the use of this latter must be with great caution, as at times it undoubtedly does great harm. When these measures fail to ameliorate the condition he advises a resort to surgery, and prefers the two- or three-stage operation, with preliminary ligation of the thyroid arteries before the resection of the lobes, giving as his reason that he would rather have a live patient after two or three operations than a dead patient after one operation.

Goetsch's name naturally brings to mind the metabolic test for hyperthyroidism, with which it is so constantly associated. It is now quite well established that thyrotoxin—the active principle of the thyroid—is the chief regulator of the body's metabolism. When thyrotoxin is present in increased amounts it causes greater metabolic activity of the body cells; in decreased amounts the metabolic processes are inhibited. With increased metabolism there is naturally an increase also of the oxygen consumption and the carbon-dioxide output of the individual and in proportion to the increase in metabolism. In general it has been established that the metabolic rate runs practically parallel to the amount of thyroid over-activity. When properly carried out the metabolic test is a valuable

aid in the interpretation of any thyroid over-activity. But the method must be most carefully controlled and carried out, as otherwise faulty conclusions may easily be drawn. Properly handled, it is of the greatest value in the diagnosis of thyroid diseases.

Goetsch emphasizes the necessity of resort to operation before permanent damage has been done to the heart, kidneys and nervous system, for otherwise, even though the hyperthyroidism be relieved, one cannot hope to restore the permanently damaged tissues. X-ray and radium seem to give some relief, but the results as yet do not compare very favorably with those of surgery.

Opposition to the surgical treatment of exophthalmic goitre has been steadily increasing during the past five years. Very recently many able arguments against it have appeared in the medical periodicals. Yet until the endocrinologists have pursued their studies much further, and our knowledge of the etiology and course of thyroid disturbance is greatly extended, the majority will still be obliged to turn to the surgeon for aid. One cannot easily overlook the results and opinions of such men as Mayo and Crile. The general practitioner can learn much from a study of Dr. Crile's methods, not only his actual surgical technique, but still more from his system of therapeutic treatment in preparation for operation, in which the psychic element plays so large a part. Ever since the publication of his system of anoci-association anesthesia several years ago, his handling of goitre cases has become classic. His patients are received into the hospital some time before the proposed date of operation. Everything is done to give them a pleasant and restful impression, and to remove apprehension. They are visited daily by the anesthesiologists, who endeavor to establish a friendly social relation with them, while administering a so-called "inhalation treatment" which consists of a few whiffs of the selected anesthetic, so that the patient may come to consider its exhibition a commonplace of every day. When the time for operation arrives the "inhalation treatment" assumes the form of complete anesthesia without any previous knowledge of the patient's part, so that he comes to the operating-table without any undue emotional disturbance, a factor of incalculable importance.⁷

C. H. Mayo has recently stated that

very few patients with exophthalmic goitre make good recoveries without operation, although others may make partial recoveries according to the degree of degeneration or secondary complications. Patients with exophthalmic goitre pass through exacerbations and remissions; exacerbations largely influenced by psychic stimuli and easily exhausted. He, too, lays great stress upon the importance of careful therapeutic and psychic preparation of a goitre patient before he is brought to operation. He feels that the old vicious circle of late operation and the high mortality conducing to late operation has now been largely overcome, and that the operative risks are constantly decreased because the profession generally is more prompt to recognize the symptoms and refer the cases for early treatment. He attributes the recent reductions in mortality not so much to the increased technical skill of the surgeons as to the increased diagnostic ability of the general practitioner. To increase this ability should be the aim of every alert physician.

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TREATMENT OF CONSTIPATION DURING THE FIRST YEAR OF LIFE.

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The frequency of constipation during infancy and indeed, during childhood is due largely to faulty management in early infancy. The constipation once established is oftentimes difficult to correct, and medicinal measures are not infre-

quent resorted to. This is particularly true of the infant whose mother does not co-operate with the physician. A vicious cycle is thus established. The more frequently the cathartic is given the more severe becomes the chronic constipation; and it grows progressively worse.

Early Management; Prophylaxis.—The routine use of castor oil in the newborn is to be condemned. Very infrequently is its use indicated at this early period. The meconium is of value to the newborn, and cathartics should not be used to evacuate it. Indeed the permiscuous use of castor oil at any time during infancy is poor therapeutics. It is true that constipation is occasionally met with at an early age. However, one must seek a more conservative method of treatment.

Of course, congenital defects must be excluded, and particular emphasis should be laid on the condition of both anus and rectum. Only a short time ago an infant seventeen days old was brought to our clinic for constipation. It had been treated with various cathartics, but the infant never passed more than a thimbleful of fecal material at a time, and passed that amount very infrequently. Examination revealed an almost complete atresia of the anus. A probe 2mm. in diameter could not be inserted into the rectum.

Insufficient fluid intake is a common cause for constipation in the newborn. Insufficient breast milk, or vomiting of the milk taken is most often responsible. Fluid must be supplied. About one ounce of boiled water according to the size of the infant may be supplied after each breast feeding and between feedings. If the infant will not take the water in a nursing bottle, it should be given by spoon or gavage. If vomiting is a factor, its cause should be sought and eliminated.

Massage is of real additional value. Gently squeezing the viscera between the thumb and four fingers for five minutes or longer will very frequently bring about an evacuation of the bowels. Massage in the direction of the large intestine as employed in adults is not nearly so efficacious for the infant as the method described.

Finally as a method of last resort, and only as a method of last resort, the suppository or enema may be used. A glass rod or small catheter inserted into the rectum will often be sufficient stimulation. The gluten suppository should be used in preference to the glycerine be-

cause of its less stimulating effect. Warm water in a rubber-tip bulb syringe (often called ear syringe) should be used for the enema. The rubber tip should be inserted carefully, and the water injected slowly. More than one syringe full may be necessary. The buttocks should then be held firmly together for about five minutes. These methods, i. e., various methods of stimulation of the rectum should be employed with discretion, and should never be used as a routine. Cathartics very rarely need to be employed in the newborn, and should never be used until all other methods have been used unsuccessfully.

Treatment. — Constipation once established difficulty may be experienced in correcting it. However, patience to the extreme should be practiced, and it is usually rewarded with a cure of the condition. One cannot estimate the value of the cure to the patient probably throughout life.

Any cathartic that the infant has been receiving must be discontinued immediately. For the breast-fed babies, fruit juice, preferably orange juice or prune juice, should be given daily. This is contrary to a recent report¹, but we have found both orange juice and prune juice valuable in relieving constipation. It can safely be given as early as one month of age when a tablespoonful should be given one hour before one of the morning feedings and the quantity gradually increased to the juice of a medium sized orange at about five months of age. Very often infants who do not take orange juice well will take prune juice. The breast feedings should be given every three to four hours according to the age of the infant. Water should be supplied between nursings. Olive oil, one-half dram once or twice a day, to the infant who will tolerate oil is of considerable value. It has a food value, and some infants tolerate it better than they do the fat of milk.² Coarse cereals such as oatmeal cooked for three hours and not strained may be given to infants three to four months of age. A tablespoonful may be given once or twice a day, and gradually increased to two ounces. Its value with some infants is remarkable. Graham flour crackers crushed and served with milk at the fourth month are of value. Massage also should be employed as in prophylaxis in the newborn. Infrequently a suppository

or enema must be resorted to to aid in establishing normal evacuations.

When the infant reaches the age of five months or more still further measures can be instituted. Strained honey in teaspoonful doses can be given once or twice daily. Vegetables such as carrots, spinach, and string beans are valuable additions to the diet. They must be cooked thoroughly, and pressed through a coarse strainer or colander. One teaspoonful can be given at first, and gradually increased to two ounces at one year. At eight months the infant may be given two or three dry graham flour crackers a day.

The bottle-fed infant should be treated in the same manner as the breast-fed infant, and in addition more sugar may be added to the formula. If necessary, one and one-half to two ounces of sugar may be used in twenty-four hours; and lactose and dextro maltose are the sugars of choice for the constipated infant. Malt soup is often of value. It is important to see that the artificially fed baby is receiving a sufficient bulk of food.

One must ever keep in mind the possibility of thyroid deficiency in the constipated infant. The typical case of cretinism is easily recognized, but those cases of beginning cretinism, and especially those cases with only slight thyroid deficiency offer real problems for diagnosis. The therapeutic test must often be resorted to. Of course, it is useless to try to cure these infants according to the treatment outlined above if they do not receive the specific they lack. The constipation of the Mongolian idiot is also relieved considerably with thyroid.

Comment. — The writer makes no attempt to advance new therapeutics in the treatment of constipation, but rather to decry the use of cathartics in these young infants, and to plead for routine prophylactic measures and the more conservative and better methods of treatment.

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All cases of diarrhea, of mucous or bloody evacuations, of obstipation that do not promptly subside under medical treatment, should be investigated for a gross lesion of the bowel — by roentgenography, proctoscopy and sigmoidoscopy.

THE CONTROL OF CANCER.

Address Based on Syllabus of the American Society for the Control of Cancer.

By John F. Hagerty, M.D., F.A.C.S.,
Newark, N. J.

The subject which is to be brought to the attention of the people of our country during the coming week is of the greatest importance, concerning as it does, the lives of the matured ones, the Fathers and Mothers of the nation and often the fortune and comfort of those dependent on them. It concerns a disease, which occurs most frequently among those in the prime of life, men and women whose influence and counsel and assistance are, because of their age and their varied experiences, most helpful; a disease marked as a rule by a long period of invalidism, great financial loss, suffering and, too often by death, a disease which in spite of an infinite amount of time, labor and money spent in its study still baffles the best minds of the medical profession to determine its cause and yet, one, which, because of its prevalence and severity, has impelled the unflagging efforts of the best scientific thought to unravel the mystery as a result of which we are able to offer much that is encouraging. And that is to be the message which we shall bring to you—one of hope, because we know that if people will only heed the lessons learned, sometimes it is true by bitter experience, and profit by the teachings of the devoted men whose lives have been spent in its study, cancer need not be regarded as the terribly disfiguring and fatal malady it has been in the past—and, too, knowing what marvellous discoveries have already been made, we can have faith that ere long the true cause of the disease will become known and its prevention and cure quickly follow.

The campaign now being waged will be repeated over and over again because cancer, terrible as it is, is becoming more frequent. In 1913, 75,000 people in our country died of the disease and in 1920 it is estimated that there were 90,000 deaths from the same disease. The horrors of the great war are yet with us and we have not forgotten that 80,000 of the best and bravest of our youth were killed or died of disease during the 2½ years in which the United States was engaged with the allied countries in pre-

serving liberty and justice in the world and the reflection upon so many sacrifices seems appalling, yet during the same period two and one-third times as many people or 180,000 died in this country from cancer. In the one case there was the consolation of having fought the good fight and dying in the service of one's country, while the latter will doubtless some day be regarded as having been needless. Worse, too, is the fact that there has been noticed for several years an annual increase in the disease of 2½% and that it is almost exclusively a disease of adult life, 95% of the deaths occurring after 35 years of age. Think of the loss in time, of suffering, of expense during the long struggle and the withdrawal of such a large storehouse of knowledge and experience occasioned by what we confidently believe will some day be a conquerable disease.

Tuberculosis, with its long period of invalidism and almost certain fatal ending, is a disease with which we are all familiar, but its terrible toll of death among the young is being rapidly decreased through a campaign of education. It is however in many ways a merciful affliction compared with cancer and yet we have reason to hope for the same good results in the management of the cancer problem. Because, let me impress upon you the fact that cancer, when seen early and in the hands of competent surgeons is often curable. For this reason I shall try to bring home to you some important truths concerning the disease. In the first place cancer is always a local disease, always the result of irritation, usually frequently recurring, and often developing on what are thought to be insignificant sores, scars or blemishes on various parts. For this reason warts, moles, ulcers, lacerations and unhealthy looking scars should be excised and the parts restored to as healthy condition as possible. Irritation, too, should be avoided, pressure of clothing, such as to cause chafing or discomfort, wearing of belts, trusses, corsets, etc., should receive attention; bad teeth, injuries often regarded as trivial all should merit the advice of one whose work and judgment entitle him to consideration. Do not trust to your own judgment. If there be the slightest suspicion that all is not well—seek competent advice. Here if ever an ounce of prevention is worth a pound of cure. Because every such sore does not develop into

cancer is no argument for neglecting them. They are potentially dangerous and at any time a slight irritation or bruise may activate them and make them serious. So with lumps in any part, but especially in the breast. It is a much simpler matter to remove a doubtful lump than to wait and learn what it is by sad experience. Leave it to the surgeon, however, to decide the gravity of the trouble and if, perhaps, it is serious, removal at this time will almost certainly result in cure. There is one fact which is consoling, cancer never develops on a healthy spot.

It is known, too, that cancer is not a germ disease such as tuberculosis, typhoid fever, diphtheria and others and consequently cannot be treated as these diseases are. Nor is it a blood disease. It does not become generalized nor affect the general health through the blood stream as other diseases and so, time should not be lost in seeking remedies designed to stop germ growth or to cure diseases of the blood. No good whatever can be accomplished, valuable time may be lost and disaster overtake the unfortunate victim of misapplied confidence. No plea is being set up for the surgeon except that since cancer is a local disease, that it spreads slowly, invading the surrounding tissues and only late and exceptionally does it invade the blood stream and be carried to distant parts. Surgery offers the most intelligent means of eradicating the disease. Do not be misled by the absence of pain, which often deludes patients into thinking the affection a trivial one. It is, perhaps, unfortunate that some diseases are not in their incipency accompanied with pain. It would drive us to seek relief and probable cure earlier. If half as much pain as is caused by toothache were felt by patients suffering with cancer, relief would be sought much earlier and often cure. Pain is felt, yes, but as a rule when the growth has spread and surrounding nerves are involved.

Do not be influenced by the fact that the disease may have occurred in some other member of the family. A disease that is so common is likely to occur in more than one member of a family. Cancer, it is pretty definitely known, is not a hereditary disease and patients whose relatives may have had cancer should not be discouraged but seek advice should there be occasion for it. If convincing

proof were wanted of this statement the action of life insurance companies, who pay no attention to the history of cancer in a family would seem to furnish it—especially since their action has doubtless been taken after a careful consideration of known facts. Nor is cancer a contagious disease, a very comforting fact to those who may be compelled to care for those who have it. It can neither be transmitted nor transferred from one to another.

Think how often and how intimately surgeons and nurses are brought into contact with the disease during operation and subsequent treatment and yet there is no recorded case of either having contracted the disease. Isolation of the patient or fumigation of the premises as is practised after contagious diseases is not necessary and those to whose lot it may fall to care for patients suffering from cancer need have no fear. Of course care should be taken in handling soiled dressings because in all open wounds other germs may be present which may cause abscesses, erysipelas, etc. The wearing of rubber gloves is a wise precaution. The word cancer has a sinister ring—but do not let the popular impression that it is hopeless deter any one from seeking relief. Over and over again we may repeat that early it is a local disease and while scientific knowledge of the cause of the disease is still imperfect, practical knowledge gained from observation and operative experience warrants surgeons in saying that when seen early the disease can be cured or its progress arrested. Unfortunately not all cases operated on are cured and the failure is charged up to surgery, and often deters others from seeking relief. Too many times because of delay the surgeon realizes, only too well, the meagre chance of success, but there being no other way does what he can for the patient. I may remind you too, strange as it is but true, that one failure gets more advertising than several successes.

What we have said so far had reference to cancer of external parts—where it is easily recognized. Greater stress should be laid on the importance of seeking advice when any trouble in internal organs is suspected. Here, fortunately, signs are often present which are suggestive of disease, and however unpleasant, it is incumbent on medical men to familiarize women with the frequency and

gravity of this disease among their sex. Cancer is especially common among adult women. Of all deaths over the age of 40, one in thirteen among men is due to cancer, while among women the proportion is one in eight. Between the ages of 35 and 45, three times as many women as men die of cancer, and between 45 and 55 twice as many. This excessive mortality among women is due to the prevalence of cancer of the breast and generative organs. Our only desire here is to impress upon women the danger of neglect of conditions suggesting trouble and that early recognition and treatment will certainly result in preventing much suffering and saving many lives. Cancer of the breast, which strangely enough, is more common in unmarried women than married women, while among the latter cancer of the womb is more common, is, because of the accessibility of the trouble, amenable to treatment and yet it may surprise you to know that 8,000 deaths occur annually in this country from this disease. Cracks about the nipple, and discharge, lumps in the breast however small, should receive attention. Do not be oppressed because a lump is found, often they are benign and do not need removal, but if there be any uncertainty their early removal should be sought. Especially after the age of 30 or 35 no delay should be made in seeking advice. Do not wait for pain, do not be ashamed, and do not be fearful because in the majority of instances much good can be accomplished.

Cancer of the womb is more often seen in women who have borne children so that with the history of troublesome labors, the presence of lacerations, acrid or irritating discharge, irregular or unusually profuse menstruation, or in all women the return of menstruation after the menopause or change of life has been established should be regarded as signs necessitating skilled advice. Most women, fortunately or unfortunately, are familiar with cases that have presented such symptoms and should familiarize friends and relatives with their full importance. Above all things do not let fear or shame be the cause of losing valuable time.

Cancer of the lip and tongue occur much more frequently among men than women and are due to causes that are largely preventable. Excessive smoking, especially pipe smoking, should be dis-

couraged, and bad teeth, badly fitting plates or bridge work should be attended to by the dentist.

Cancer of the stomach, intestines and other internal organs would seem to be much more difficult of detection and is but thanks to improved methods of examination, better laboratory methods, x-rays, etc., and above all to the increased knowledge gained by skillful surgeons, its presence can be fairly well determined and the prospects of cure are very encouraging. We know now that many cases formerly thought to be indigestion are cases of ulcer of the stomach and intestines which not infrequently develop into cancer and all patients over 35 who have been ailing any time with indigestion should be examined for the possibility of more serious diseases.

Now we have had to relate some unpleasant things in order to convince you of the presence of this dread malady and the necessity for not neglecting its slightest indication, but not at all in a spirit of discouragement. When we consider that the terrible scourges like cholera, and the plague, which once afflicted mankind and which with their periodical visitations inflicted untold misery and death on the race are now no more, when we recall the many diseases whose exact cause and prevention have now been determined—yellow fever, smallpox, etc.; when we consider how the severity of many diseases still prevalent among us, diphtheria for instance has been mitigated by the work of unselfish men whose lives are devoted and sometimes sacrificed in their studies, we shall not lose hope but that soon the cause of cancer, too, will be known and, perhaps, means for its prevention discovered. Until then, however, let us remember that it is always, in the beginning, a local disease, that medicines, ointments, pastes—outward applications of all sorts—prayers, incantations, etc., have no deterrent effect on its course, that the wisest and surest means of cure as yet lie in its prompt removal and that in the most thorough manner and by the most skilled help available. I shall only mention the various cancer nostrums and cures advertised to advise against any faith being placed in them. Fortunately, due to the discovery and improved knowledge and technique in the use of x-rays and radium, much hope is felt that the ravages of the disease will soon be lessened and

a cure found, but until that happy event, its early recognition and thorough removal offers the best possible chance for cure.

CANCER OF THE STOMACH.*

By **Clarence A. Hofer, M.D.,**

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In Cancer of the Stomach it is imperative that an early diagnosis be made if the patient's life is to be saved. The only treatment is surgical. Medical treatment means unwarranted delay and as such may cost the life of the patient. My object in writing this paper is to aid the general practitioner in recognizing cancer of the stomach before the time of successful surgical intervention is past.

A thorough and careful history of every detail must be secured from the patient, beginning from the time of the very first symptom and continuing to the time of the consultation. A searching physical examination must be made over the entire abdomen, if the physician sees the least sign or symptom of cancer or has the slightest cause for suspicion. An exhaustive laboratory examination should be made. The gastric contents and the feces must be analyzed chemically and microscopically. The whole gastro-intestinal tract should be x-rayed and studied through the fluoroscope.

Bassler states that the stomach is more frequently affected with cancer than any other organ of the body, being about one-fourth of all cases diagnosed. Welch states that cancer of the stomach is the cause of death of one per cent. of all people dying at twenty years or over. Cancer of the stomach affecting twice as many men as women and being most common in the light skinned races, pure blooded negroes being practically exempt.

Cancer is a disease of middle life, 50 years being the average age in 600 deaths collected by Britton. Statistics collected by Welch of 2,975 cases of cancer of the stomach show the comparative number occurring at different ages:

10-20 years of age	.....	2 cases
20-30 " " "	.....	55 "
30-40 " " "	.....	271 "
40-50 " " "	.....	499 "
50-60 " " "	.....	620 "
60-70 " " "	.....	428 "
70-80 " " "	.....	140 "

*Read at the Cancer Meeting at New Brunswick, November 2, 1921.

From the above it can readily be seen that the majority of cases occur between the ages of 30 to 70, the years between 50 and 60 being most fraught with danger. The number of cases between the ages of 10 to 30 years being very small in comparison. Mattieu reports only three cases of cancer of the stomach in early life; one in a young woman, eighteen; one in a young man, twenty-five; and one in another young man, twenty-nine.

It is probable that the death rate from cancer appears higher today than formerly mainly because it is being more often correctly diagnosed and not that it is actually increasing in frequency.

The four main types of cancer are: 1, The adenocarcinoma; 2, the medullary carcinoma; 3, the scirrhus carcinoma, and 4, the colloid carcinoma.

Conheim states that malignant degeneration of chronic ulcer is quite frequent, especially in patients of advanced years, also, that the cicatricial formation of ulcers frequently give rise to development of cancer.

Cancer attacks individuals who have not previously suffered from stomach troubles or who have previously had ulcers of the stomach. But as a general rule patients suffering with other chronic stomach affections are exempt. Acute as well as chronic injury exerts a decided influence on the developments of gastric carcinoma, a pressure necrosis with ulceration of the mucosa occurring, which later undergoes a carcinomatous degeneration. Cancer develops acutely sometimes but as a rule it usually creeps on slowly without warning. It has its origin in some point in the lesser curvature which is most exposed to mechanical thermal and chemical injuries from swallowed injesta.

The tumor beginning at or proliferating toward the pylorus causes stagnation of the stomach contents. It manifests itself by the vomiting of large quantities of food, some of which has been eaten on previous days. If containing free hydrochloric acid, there may be a benign obstruction or carcinomatous degeneration of a chronic ulcer. In both cases microscopical examination will show sacinae and yeast cells. Boas-Oppler bacilla may also be found.

General Symptomatology and Diagnosis.—Cancer of the stomach begins with loss of appetite, repugnance towards meats, feeling of nausea, lassitude, lack

of desire to work, increasing weakness, emaciation, anaemia and cachexia.

The tongue is always coated, followed by pressure in the epigastrium, especially after eating hard foods, just as in chronic gastritis. Later on cramp-like pains may occur, depending upon whether the carcinomatous lesion is located in the pylorus or not.

The vomitus, if containing food and blood mixed, presents a black-brownish or "coffee-ground" appearance. In individual cases the appetite may be retained for a long time and the patient may not experience a repugnance toward meats. Frequently vomiting is not a symptom and hematemesis or melana may never occur.

The secretion of gastric juices in cancer of the stomach is, as a rule, totally lost. From a clinical standpoint the findings are exactly those of atrophic gastritis. Hydrochloric acid, rennin and pepsin are almost or completely absent. An exception occurs in the case of a malignant degeneration of an ulcer, in which, free hydrochloric acid may be demonstrable up to the end of life.

Bassler states anorexia is an early symptom and is observed in 85% of cases. Patients have more of an appetite for fluids—an excessive thirst is common in pyloric stenosis. Eructation is a late symptom and is due to gas formed in gastric stagnation and fermentation. In the scirrhus cases the gases are usually odorless until very late in the case. In the medullary and colloid they are inclined to have a very bad taste and smell very early, probably due to decomposition of neoplasm.

In the beginning, following the taking of a meal, pressure and other indescribable distress may exist. And these are more or less constant. Usually some degree of constant pain is a symptom, but this may be altogether absent. The pain may be in the gastric region, right hypochondrium, sternal, low in the abdomen, or in the back. In cardiac affections it is often in the shoulder or thorax. It is usually lancinating in character, but may be burning, gnawing, drawing or dull. It usually begins early and intensifies rapidly to the exclusion of all other symptoms. It is present regardless of whether the stomach is normally empty, or after vomiting, or full of food. It differs in that respect from gastric ulcer

and the pain is more severe when gastric ulcer or perigastric inflammation exists. In a number of cases the pain is intensified during the night. It may be markedly dulled late in the case. Vomiting is frequent but by no means a constant symptom and is rarely present in early cases, while in gastric ulcer vomiting is an early symptom.

Hemorrhage.—Vomiting of blood is observed in about one-half of the cases and is due to transudation from an eroding ulcer on the malignant mass. The blood may be ejected in the clear state, large or small in quantity. It is usually mixed with the contents of the stomach and much altered in color, and it may be so changed that none of the original color remains (Occult Blood). The bleeding from cancer is usually quite constant, while from an ulcer it is intermittent and can usually be controlled. In test meals blood is observed in four out of five cases.

Constipation.—The bowel movements are variable but constipation is the general rule. According to Ewald, only 4 or 5 per cent. of cases have regular movements. Muller observed diarrhea in 35 per cent. of all cases. It frequently means the beginning of the end and may be the proximate cause of death.

Fever.—Some cases have prolonged fever which is probably due to absorption of carcinoma toxins. This is usually observed late and is usually continuous, but it may be intermittent similar to malaria.

Blood.—A reduction in red cells and hemoglobin is common. The leucocytes may be increased to 15,000—rarely more.

Cachexia.—Cancer always leads to cachexia which is always more pronounced when emaciation is more advanced than otherwise. This begins as a faint lemon-yellowish tint, but darkens into a beeswax color later on.

Tumor.—The presence of a tumor in the gastric region, in addition to the other important symptoms usually confirms the diagnosis of cancer. It is the one reliable symptom of the group. When located on the greater curvature, pylorus, or anterior wall, it may be felt when of small size, but when it is on the cardia, the lesser curvature or posterior wall, it can rarely be felt, unless it is of considerable size.

(See table on next page.)

DIFFERENTIAL DIAGNOSIS—CANCER AND FALSE GASTRIC TUMORS.

CANCER	TUMOR (Palpation)	PERCUSSION	INSPECTION	UPON INFLATION OF THE STOMACH.
	Uniformly hard, irregular or smooth; mass always present and with definite outlines.	Dull over growth.	Local bulging in epigastrium may be observed standing or lying down.	Made accessible or lost entirely according to the position of growth and degree of inflation.
PROLAPSE OF LEFT LOBE OF THE LIVER	Soft, shelving, smooth mass. No outline above, definite edge below. Usually not apparent on inspection but may bulge the epigastrium slightly.	Continuation of liver dullness from thorax to liver edge.	May bulge slightly and over large area when lying down.	Not affected or made capable of palpation. Position not influenced.
EXPOSURE AND THICKENING OF THE ABDOMINAL AORTA	Very deep and vertical running, swelling of small size and narrow which pulsates strongly. Close to the vertebral column. Can only be felt in a thin, relaxed abdomen and can be traced downward to the iliac bifurcation.	No change of percussion note.	Not observed. Diffuse epigastric pulsation may be noted.	Usually lost entirely in the epigastrium or impulse becomes more diffuse.
LOCALIZED CONTRACTION OF RECTUS MUSCLE	Resistance with lateral edges running transversely about one and one-half inches and vertically about three. Smooth surface. Not always present, returning and disappearing under examination.	No change of percussion note.	Nothing apparent.	Not affected unless distention is much, when it may display increased resistance for the time being.
GASTRIC ADHESIONS AND INDURATION OF CHRONIC ULCER	Resistance indefinite. Usually at the lesser curvature of the pylorus. Usually very small and not progressive in development. Does not show the characteristics of the above.	No change of the percussion note.	Nothing apparent.	Usually masked altogether, returning when gas has left the stomach.

463 Main Street, Metuchen.

County Medical Societies' Reports

ATLANTIC COUNTY.

At a meeting held Nov. 11, 1921, the following resolutions were adopted. (No other report was received):

The following preamble and resolutions were read and adopted:

Whereas, It is the privilege and the duty of every citizen of the commonwealth to uphold the dignity and the sanctity of the law, and

Whereas, Malted stimulants of high alcoholic content are without official pharmacopeal recognition or therapeutic registry, and

Whereas, The recent interpretation of the Federal act with reference to the use of beer as a therapeutic remedy will lead to great and wide abuse, and morla reflection on the medical profession, and

Whereas, The medical profession, as a body standing on its Aesculapean oath, must be firm for truth, honor and justice;

Therefore, Be It Resolved, First: That the Atlantic County Medical Society in session this

the eleventh day of November, 1921, goes on record as being unequivocally opposed to being placed in a false position to the world at large, by seemingly justifying a practice and a therapeutic necessity, the real purpose of which is to promote the dispensing of beer as a beverage under the legalized cloak of a medicinal agent.

And Be It Resolved, Second: That the Atlantic County Medical Society strongly resents any attempt on the part of the liquor and allied interests, at shifting to its members any part of the responsibility properly attaching to the distribution and sale of intoxicants, as a beverage;

And Be It Resolved, Third: That the members of the said Atlantic County Medical Society refuse to be stigmatized as puppets of the brewery or allied liquor interests;

And Be It Resolved, Fourth: That the foregoing resolutions be spread on the minutes of this meeting and that a copy of the same be furnished the Journal of the New Jersey State Medical Society for such disposition as the Publication Committee may make of it.

CUMBERLAND COUNTY.

Elton S. Corson, M.D.

The annual meeting of the society was held at the Commercial Hotel, Bridgeton, Tuesday, October 4. Drs. W. P. Rickert, Millville, was elected president; S. T. Day, Port Norris, vice-president; H. G. Miller, Millville, secretary; W. L. Cornwell, treasurer; E. S. Corson, reporter.

An assessment of three dollars was voted to make the dues sufficient to meet the increased State Society dues.

Dr. David C. English, editor of the State Society Journal, has so endeared himself to the members of the society by his unselfish and sacrificial interest in its welfare, that this society voted to present to Dr. English a suitable gift to remind him of their affection. Drs. E. S. Corson, T. J. Smith and H. G. Miller were appointed a committee to select and present such gift.

The attitude of the assembly candidates toward medical and public health legislation was discussed. Assemblyman David P. Blizzard, if re-elected, has promised to confer with the Society's Committee on all matters affecting the public health legislation.

The scientific program consisted of a paper by Mr. R. T. Roberts, Roentgenologist of the Bridgeton Hospital, entitled "Radiography and the Theoretical Interpretation of the Plates." Drs. W. P. Glendon and M. F. Sewall discussed the actual findings of the plates on the operating table.

ESSEX COUNTY.

Eugene W. Murray, M.D., Reporter.

The annual meeting of the Essex County Medical Society was held at the Academy of Medicine of Northern New Jersey on October fourth.

The retiring president, Doctor Harrison Martland, addressed the society on the "Equipping of an Ideal Hospital."

The following officers were elected for the ensuing year: Dr. F. H. Haussling, president; Dr. Gustave Mitchell, vice-president; Dr. Frank W. Pinneo, secretary; Dr. R. H. Robert Rogers, treasurer; Dr. E. W. Murray, reporter.

The following Permanent Delegates to the State Society were nominated: Drs. E. G. Wherry, J. H. Lowrey, D. A. Kraker, Guy Payne, A. F. Dowd, H. S. Martland, E. W. Sprague, C. B. Griffiths, C. F. Baker, R. F. Dieffenbach, A. W. Bingham, C. L. Ill, H. C. Barkhorn, H. B. Vail, G. Blackburne, J. J. Smith, C. A. Rosewater, E. Reissman.

The reports of the various committees were presented together with an extended report of the Welfare Committee.

The treasurer was instructed to send out bills for the special assessment of five dollars, per capita, which was levied in March, 1920.

The following new members were elected: Drs. Lewis S. Berndon, William Panitch, A. S. Maciejewski, Edward W. Markens, Leopold Szerlip, of Newark; Walter C. Liebman and Moury of East Orange.

The Professional Guild.

The development of the Professional Guild as an organization in New Jersey began in March, 1920, when at a meeting of the Essex County Medical Society, held for the purpose, representatives of the Dentists and Pharma-

cists were also present and it was formally voted to organize the Guild. Nurses were later recognized as a constituent organized body to be included. Like other movements in the progress of society, this had its rise in a manifest need. Legislation, heedless of the people's welfare and pernicious in exploiting the people's maladies for the selfish benefit of a few demanding it, was being jammed through the Legislature. A chiropractic bill, outrageous while ridiculous, had been made law by the joint action of Legislature and Governor. Compulsory Health Insurance was slated for law, and with even more chance of success. In Brooklyn great work in opposition had been done under the leadership of Doctor J. J. O'Reilly and he had come to Newark in December, 1919, and outlined the Guild organization. The above Essex County meeting suggested a State-wide Guild. The Welfare Committee of the State Medical Society endorsed the movement and sent its executive secretary throughout the counties in the course of his work, offering a model constitution and by-laws for local Guilds. In Essex County each profession prepared the ground for joining "en bloc." Finally, when all were ready, a special meeting for the purpose was called and on Friday, October 14th, 1921, a complete and permanent organization was effected. A House of Delegates, composed of one in twenty of each constituent profession, about fifty delegates in number, met in Newark, adopted a model constitution and by-laws, and elected officers as follows: President, F. W. Pinneo, M. D.; vice-presidents, D. A. Kraker, M.D.; Wm. Talbot, D.D.S.; C. W. Holzhauer, Ph.G., and Miss Carolyn Schmoker, R.N.; secretary, A. F. Dowd, M.D.; treasurer, H. J. Gibbons, D.D.S.; directors, Carl E. Sutphen, M.D., C. A. Rosewater, M.D., E. L. Wharton, D.D.S., L. E. Kocher, D.D.S., J. W. Foster, Ph.G., H. W. Crooks, Ph. G., Miss M.F. Mason, R.N., Miss E. M. Brown, R.N. The above officers and directors constitute the Board of Governors which is the executive board under the House of Delegates.

The following twenty-eight are the members of the House of Delegates from the Essex County Medical Society, representing, therefore, the medical profession in the Guild: Doctors C. C. Beling, J. V. Bissett, C. G. Bernardinelli, E. E. Bond, A. R. Cassilli, A. C. Christian, H. F. Cook, Max Danzis, Frank Devlin, A. F. Dowd, D. E. English, E. F. Fitzpatrick, Daniel Elliot, J. F. Hagerty, R. H. Hunt, E. J. Ill, D. A. Kraker, H. S. Martland, W. B. Mount, F. W. Pinneo, B. B. Ranson, Edwin Reissman, C. A. Rosewater, Louis Schneider, R. H. Staehle, C. E. Sutphen, Ed. Staehlin, H. J. F. Wallhauser.—F. W. Pinneo, M.D., Secretary.

GLOUCESTER COUNTY.

Henry B. Diverty, M.D., Reporter.

The Gloucester County Medical Society met in Woodbury Nov. 17th.

A very able and profitable address was made by Prof. Brooke M. Auspach, who was recently elected Professor of Gynecology of Jefferson Medical College of Philadelphia, his subject being "Cancer."

A committee, consisting of Drs. Hunter, Reading and Diverty, was appointed to secure new members for our society.

Question of increasing our fees was left to

the board of censors to report at our next meeting.

The following delegates were present: Dr. Richardson of Camden County and Dr. Heusted of Salem County.

We voted to pay our extra assessment to the State Society and owing to our overflowing treasury we were not compelled to raise our individual dues.

This being our annual meeting, the following officers and delegates were elected for the coming year:

President, David R. Brewer; vice-president, Edward S. Dillon; secretary and treasurer, George E. Reading; reporter, Henry B. Diverty, all of Woodbury; censors, James Hunter Jr., Westville; Harry A. Stout Wenonah; Cyrus B. Phillips, Pitman.

Delegates to the State Medical Society: Stephen Campbell, Woodbury. Delegates to county societies: Salem County, S. F. Ashcraft, David R. Brewer, H. W. Stout; Camden County, S. F. Ashcraft, H. B. Diverty, C. F. Fisler, J. Hunter Jr., Ruth Clement; Cumberland County, Wm. Brewer, C. B. Phillips, J. H. Underwood; Burlington County, J. Hunter Jr., S. Campbell, H. A. Stout; Atlantic County, C. B. Phillips, J. Hunter Jr., Stephen Campbell.

HUDSON COUNTY.

William Freile, M.D., Reporter.

If one may be prophetic, the first state meeting of the year of the Hudson County Medical Society which gathered at the Carteret Club on October 4th, 1921, augurs well for the future.

The attendance was unprecedented and the interest keen. Dr. F. J. Quigley in the chair mentioned that the workers who had been active for the past few years should be kept in mind for permanent delegates. Dr. Broderick moved and had carried a motion that a committee be appointed to select permanent delegates. The chair designated Dr. J. Broderick of Jersey City, Dr. Larkey of Bayonne and Dr. Neumeyer of West Hoboken as such committee.

The treasurer, Dr. Brinkerhoff, reported \$2,560 on hand, and said that he thought \$10 as annual dues would be sufficient, and if the society began to go behind an assessment could be levied if necessary. The treasurer of the Hudson County Medical Society was on motion directed to advance to the State Society \$1,000.

Dr. Chas. B. Kelley mentioned that at the last annual meeting at Atlantic City a committee was appointed to revise the constitution and by-laws of the State Society. Hudson County was represented by Dr. Donohue. The speaker said that the present method of selection was autocratic and moved that Dr. Donohue be instructed by the society to endeavor to bring about the following changes in the by-laws of the Medical Society of New Jersey:

Section 2, Chapter 5.

After the words "Delegates present from each society" add the words "and all fellows present"; and after the words "to notify the recording secretary of the member," add the words "and fellows." In the phrase "Together with the fellows," strike out the words "The fellows" and substitute the words "one fellow." so that the entire section as amended will read as follows:

On the first day of the annual meeting the

president shall ask all delegates present from each component society and all fellows present to meet at the close of the first session to elect a member from each component society to the Nominating Committee and to notify the recording secretary of the members and one fellow so elected and these members together with one fellow shall constitute the Nominating Committee.

Dr. Quigley spoke to this motion and mentioned the preponderance of fellows heretofore. Dr. Dickinson said that he had never found any disposition to keep from coming forward a good man, and he felt that we should not throw cold water on the past.

Dr. J. M. Rector stated that he had previously made a big fight for this profound change and had been defeated by men from his own county. He discussed the unfairness of the preponderance of fellows, and felt that the selection should be made by the component societies. Dr. T. R. Chambers felt that men who had occupied the State chair were well qualified to judge and their advice was valuable. Dr. S. A. Cosgrove thought it was not a question of the fellows, but that it should be a democratic society, for just the reason that Dr. Rector had indicated. Essex County made vigorous efforts to put this sort of thing through, and Dr. Donohue had requested the instructions of the Hudson County Medical Society as their representative on the committee.

Dr. Sweeney of Bayonne was of the opinion that as long as no politics had seemed to come into the selection of candidates, it did not make much difference by what method they were chosen.

Dr. Quigley then put the motion of Dr. Kelley which in effect suggests to Dr. Donohue that the election of the Nominating Committee shall be by representatives from each county society and one representative of the fellows. This motion was carried.

Dr. H. R. Forman moved and carried a motion that the office of director and business manager be combined and exempted from dues. Nominating Committee: Bayonne, Drs. Donohue, Sexsmith; Hudson County, Drs. Pollak, Frundt, Kelly and Cosgrove; Hoboken, Dr. Londrigan; North Hudson, Drs. Curtis, Quigley and Sweeney.

Drs. C. H. Tannert of Woodcliffe and Walter B. Rembe of Jersey City were proposed for membership and referred to censors. The application of Israel Levine of Jersey City was referred for endorsement.

The annual election of officers took place with the following result: Dr. Samuel A. Cosgrove of Jersey City was elected president; Dr. Lucius Donohue, vice-president; Dr. W. L. Yeaton, re-elected secretary; Dr. H. Brinkerhoff, re-elected treasurer, and Dr. William Freile re-elected reporter. There was no opposition to any of the nominations and the elections were over in a few minutes. The incoming president appointed Drs. Sexsmith and Steadman as censors for the year.

Retiring President Frederick J. Quigley said in retiring: "Two outstanding features of the society during the past year were: first, its active participation in the State Welfare Committee. We heartily supported the program outlined so that we were in a large measure responsible for the remedial legislation enacted. The second feature was the advent of

our monthly bulletin. I feel that the thanks of the society are due to the editor, Dr. Poole, and to the business manager, Dr. Sweeney. As the business manager has told you, the bulletin has been published so that it is not a liability on the society but can be made to show a profit of \$300 this year. Dr. Poole's work has been very hard. It is extremely difficult for him to get news from the various correspondents who have to be called up on the telephone and the fact that he is able to get out such a nice little paper reflects on his persistence and ability.

"The Membership Committee has done as well as it could but it has been disappointing in a way, because many physicians would make good members of the society who are not in it and we are derelict in our duty if we do not get in every man who has any claim at all to eligibility, and I hope in the coming year we will be able to increase our membership by at least one hundred or one hundred and fifty."

Dr. Cosgrove, after being escorted to the chair by Drs. Minor, Sweeney and Larkey, said that he felt the great honor and great responsibility that had been placed on him, and concluded his remarks by asking for the co-operation which Dr. Quigley had from the society.

The payment of dues was changed from January 1st to October 1st. Dr. Cosgrove in order to carry on the legislators work continued the committee composed of Drs. Nevins, Sexsmith, Pollak, Sweeney and Quigley. He felt that Dr. Quigley had been the "big chief," and also complimented Dr. Minor, the member of the State Welfare Committee.

The society then proceeded to the paper of the evening by Dr. Douglas Quick of the Memorial Hospital of New York City entitled "The Response of Various Types of Cancer to Radium." This opportune topic held the attention of the audience not only by its presentation of scientific facts but also from its honest ring.

At the conclusion of the essay, some thirty lantern slides were presented illustrating the various results from radium treatment.

November Meeting.

The stated monthly meeting of the Hudson County Medical Society was held November 1st, 1921, at the Carteret Club, Jersey City. The meeting was called to order at 8:45 P. M.; Dr. L. Donohue of Bayonne in the chair in absence of President S. A. Cosgrove.

Reports of Committees: Legislative Committee, Dr. Quigley reported that the Professional Guild of Hudson County had organized the whole county and were working in earnest to defeat those who were opposed to high educational standards in relation to the medical profession. He urged the most efficient use of circulars published by the Professional Guild. Dr. Spence asked if any of the other candidates had answered the inquiries made by the Guild and Dr. Quigley responded that the Democratic candidates had put themselves on record individually, as opposed to any lowering of standards. No other committees reported.

Miscellaneous business: The matter of the Red Cross Seals were put before the Society and Dr. A. E. Jaffin moved and had carried a motion that the secretary purchase as many

seals as he could conveniently use on the monthly notices, etc., the number to be purchased to be left to his discretion.

The advisability of inserting of professional cards in the monthly Bulletin was introduced and commented upon unfavorably by Dr. Spence and several other members, but no definite action was taken. A communication from the Jersey City Practitioners' Club condemning such insertion was read and ordered filed.

Communications: An invitation from the Hudson County Dental Society asking the members of the Hudson County Medical Society to attend the meeting of their society and listen to a paper by Dr. Haskings on "Focal Infection," was read and accepted, and the secretary was instructed to communicate with that body thanking them for the invitation.

New members proposed: John Reitnauer, M.D., Jersey City; Henry S. Fruitnight, M.D., Union Hill; Louis F. Haiter, M.D., Jersey City. They were referred to the Board of Censors.

The following, having been passed by censors, were duly elected: W. J. Rembe, M.D., Jersey City; William Eckert, M.D., Union Hill; A. E. Fendrick, M.D., Weehawken; C. H. Tanner, M.D., Woodcliff.

Clinical cases: Dr. A. E. Jaffin of Jersey City, a member of the Hudson County Medical Society, reported two very interesting cases of tuberculous peritonitis in young girls which had resulted in complete cures. X-ray plates were shown and an interesting discussion of these cases was given by Dr. Jaffin. The two patients were present and looked very healthy.

Paper of evening: Dr. Charles Heyd of the Post Graduate Hospital staff, read a very interesting paper on upper abdominal conditions which was illustrated by lantern slides. The paper called out much discussion by Drs. Spence, Rector, Mooney and Bortone and other members.

Committees appointed by chair, as follows:

Legislative Committee: Drs. J. Nevin, chairman; F. J. Quigley, D. Miner, W. Sweeney, G. H. Broderick, B. S. Pollack, G. H. Sexsmith.

Membership Committee: Drs. F. Bortone, chairman; W. W. Brooke, H. S. Forman, A. Leining, Wm. J. Mathews, A. A. Mutter.

Health Survey: Drs. G. K. Dickinson, chairman; C. L. Merritt, B. S. Pollack, W. J. Arlitz, J. Koppel, W. W. Rita, C. J. Larkey, Margaret Sullivan, A. P. Hasking, A. E. Jaffin, H. T. Von Duestin, A. E. Olpp, Henry Spence, G. P. Curtiss.

Dinner Committee: Drs. W. W. Maver, chairman; D. B. Street, S. R. Woodruff, W. L. Yeaton.

HUNTERDON COUNTY.

Morris H. Leaver, M.D., Reporter.

The annual meeting of the Hunterdon County Medical Society was held in the Library Hall in Flemington on October 25th, the president, Dr. Heil in the chair and seventeen members of the society present.

Dr. English reported upon the recent activities of the Welfare Committee, together with the stand of various political candidates on the question of health legislation.

Dr. Edgar A. Ill of Newark spoke on the radium treatment of cancer, and exhibited a patient whom he had cured of carcinoma of the tongue. His talk was very interesting and was much appreciated by the society.

Dr. Fuhrman read an essay on "Catarrhal Jaundice," with the history of three cases.

At this point the meeting adjourned for dinner at the county hotel, after which the society reassembled and Dr. Topkins made some remarks suggested by the essay.

The society next proceeded to the election of officers and delegates with the following result: Delegate to the State Society, Dr. Heil; alternate delegates, Dr. Decker. President, Dr. Edgar Lane; first vice-president, Dr. F. A. Apgar; second vice-president, Dr. C. S. Boyer; treasurer, Dr. E. W. Closson; secretary, Dr. O. H. Sproul; reporter, Dr. M. H. Leaver; censors, Drs. Romine, Salmon and Best. Delegates to the neighboring county societies: Mercer County, Dr. Decker; Somerset County, Dr. Henry; Warren County, Dr. Fulper; Bucks County, Pa., Dr. Salmon.

MIDDLESEX COUNTY.

Matthew F. Urbanski, M. D., Sec'y.

The regular meeting of the Middlesex County Medical Society was held on Wednesday, November 16th, at the residence of Dr. A. L. Ellis, Metuchen. Dr. G. W. Fithian presided and there were twenty members present.

Mr. J. H. Gunn, executive secretary of the State Medical Society, gave a discourse on the prospects of medical legislation during the coming session. He outlined the status of the various successful candidates, and told of the influence that medical societies and guilds had on the candidates. He explained that the plan of action of the Medical Society would be grouped under four heads: 1—Osteopathic; 2—Venereal disease control bills; 3—Study and amendment of the compensation law; 4—Rehabilitation law. Mr. Gunn further explained the slogan "Medical Men for Health Problems," stating that there should be a physician on every board of managers of the various State institutions, especially on the Board of Institutions and Agencies. The prospects of having this work started looked very bright during the coming year.

Dr. D. C. English stated that 15 former Assemblymen who were destructive to medical legislation during the past year, would be absent from the legislative halls this year.

The president appointed the following to comprise the nominating committee: Drs. L. Y. Lippincott, A. L. Smith and W. H. McCormick.

At the conclusion of the regular order of business, the president introduced Dr. Christopher C. Beling of Newark, who read a very excellent paper on "Epidemic Encephalitis"; Dr. Beling outlined in detail the history of the disease, the pathology, clinical findings and differential diagnosis. To illustrate his points, the doctor cited several case histories that he had occasion to examine personally. At the conclusion of the paper, Dr. Lippincott presented an interesting neurological case that had been seen in consultation with both Drs. Smith and Howley, and later had been under observation at the State Hospital, Trenton. The child was given a neurological examination by Drs. Lippincott, Beling and Howley and the opinion expressed was that the child was suffering from a brain tumor. There was an interesting discussion of both Dr. Beling's paper and the case shown.

A vote of thanks was extended to Dr. Beling for his interesting and instructive paper. At

the conclusion of the meeting, a vote of thanks was extended to the host and hostess, Dr. and Mrs. Ellis, for the kind hospitality shown to the society.

PASSAIC COUNTY.

Leon E. De Yoe, M.D., Secretary.

The October meeting of the Passaic County Medical Society, which was the annual meeting, was held at Odd Fellows' Hall on Thursday, October 13th, 1921. There were twenty-eight members present, Dr. J. S. Yates presiding.

The applications of Doctors Benjamin F. Bolton and Raymond A. Kiefer for membership in this society were favorably acted upon.

The following officers were elected: President, Dr. Elias J. Marsh; first vice-president, Dr. J. A. Maclay; second vice-president, Dr. John M. Ryan; secretary, Dr. Leon E. De Yoe; treasurer, Dr. Henry Cogan; censor, Dr. John S. Yates. Permanent delegates: Drs. Thomas A. Clay, Charles J. Kane, William Spickers. Annual delegates: Drs. H. H. Brevoort, Thomas A. Dingman, W. A. Dwyer, D. H. Mendelsohn, Lester F. Meloney, Henry Cogan. Alternate annual delegates: Drs. Norman Dingman, Sidney Levine, George Tweddell, M. Wishnack, William Veenstra, J. F. Kellar.

An amendment to the Constitution and By-Laws changing the annual dues to ten dollars was read. A second amendment that the Executive Committee be composed of the president, first and second vice-presidents, secretary and treasurer was read.

Dr. Yates in his farewell address reviewed the work of the past year, and expressed hope that the Professional Guild of Passaic County would soon be put on a working basis. He thanked the members for their interest and introduced Dr. Elias J. Marsh the new president.

Dr. Marsh thanked the society for the honor that had been paid him, and spoke in the highest terms of the work accomplished by Dr. Yates, the outgoing president. He especially endorsed the plan which Dr. Yates had carried out during the past year of having speakers from the faculties of the New York Medical Colleges address the society at various meetings during the year.

The November meeting of the Passaic County Medical Society was held on Thursday, the tenth, at 8.45 P. M. The meeting was devoted to the subject of Cancer.

The first speaker of the evening was Dr. Howard C. Taylor of New York City, who chose for his subject, Public Education with Regard to Cancer. Dr. Taylor emphasized the importance of educating the medical profession as to their duty to the laity in regard to cancer. He said the four main things to be taught were that: 1. The disease is curable early. 2. It is not hereditary. 3. It is not contagious. 4. It is preventable. He then very briefly spoke of the importance of chronic irritation as a causative factor and mentioned the early signs and symptoms of cancer in the various organs.

The next speaker, Dr. William H. Woglom, talked on the Theory and Pathology of Cancer. He told of the various laboratory methods being used in attacking the problem, and quoted several interesting experiments which had been performed in the attempt to deter-

mine wherein the cancer cell differed from the normal cell, both physiologically and chemically.

The Present Status of Radium and X-ray in the Treatment of Cancer was the subject of Dr. Frederick Johnson. He opened his remarks with the statement that "Surgery is the most important factor in the cure of malignant disease." He spoke of radium as a great palliative agent and mentioned the forms of cancer in which it seemed to be of greatest value. He then described the methods of application of radium and explained treatment with radium emanations.

An interesting discussion followed. The speakers were warmly applauded for their splendid papers, and Dr. Marsh expressed to them the sincere appreciation of the society.

SALEM COUNTY.

William H. James, M.D., Reporter.

The annual meeting of the Salem County Medical Society was held at the Nelson House, Salem, N. J., on Wednesday, October 5th, at 2 P. M.

The following officers were elected: President, Dr. David W. Green, Salem; vice-president, Dr. C. W. Thomas, Woodstown; secretary and treasurer, Dr. John F. Smith, Salem; reporter, Dr. Wm. H. James, Pennsville; censors, Drs. Summerill, Ewen and James.

The delegates present from Cumberland County were Drs. W. P. Glendon, T. J. Smith and John H. Moore.

Dr. R. M. A. Davis, Salem, was nominated as permanent delegate to the State Medical Society, Dr. W. L. Ewen, Salem, was elected as annual delegate to the State Society and Dr. W. T. Hilliard, Salem, as alternate.

Dr. J. Thompson Schell of Philadelphia gave a very interesting and practical talk on Intra-Abdominal Diagnosis. He said that in Philadelphia the physicians considered "chronic dyspepsia" a thing of the past as it was only a symptom of some disease not properly diagnosed. Appendicitis was responsible for many of the obscure abdominal symptoms and it did no harm to make an exploratory incision when in doubt as it often cleared up what was before a very obscure case.

The society gave Dr. Schell a vote of thanks for his very practical and timely talk.

After the meeting the members enjoyed the usual banquet.

The society voted to hold the next meeting at the Nelson House, Salem, N. J., in February.

SUSSEX COUNTY.

H. D. Van Gaasbeek, M.D., Reporter.

The ninety-first annual meeting of the Sussex County Medical Society was held at the Hotel Waldmere, Newton, on Nov. 1st. There were sixteen members present out of a total of 22, this is indeed a very good showing for a rural society. Two new members were elected: Dr. Beck of Branchville and Dr. Smith of Newton. Dr. Day of Ogdensburg was received by transfer from the Morris County Society. The following were appointed as Welfare Committee: Drs. Hosp, Cole and Wilbur.

Dr. Morrison of Newton delivered the retiring president's address. He spoke very earnestly on the importance of all the members

attending the meetings of the society and of contributing something of scientific interest at each meeting, stating that if one did not prepare a paper he could report some interesting case that would be of benefit to the members. He also spoke on the welfare work of the State and county societies, urging each member to use his influence with the Senator and Assemblymen to grant hearings on all bills pertaining to medicine and to the health of the people of the State, and also to ask them to consult with members of the county societies in regard to all such bills introduced in the Legislature. His address was well received and the members present pledged themselves to do as he requested. We had with us as guests the candidates of the Republican and Democratic parties for Senator and Assemblyman. After dinner was finished they were called upon to state their position on the osteopathic and chiropractic bills and to granting hearing on all medical bills and as to how they stood on the question of equal educational requirements for all practitioners of medicine as outlined by the State Society. They seemed to be favorable to all the above questions. After dinner the session was continued and reports of cases were presented as follows: Dr. Pooley Jr., reported a case of eclampsia with recovery; Dr. Voorhees, a case of mushroom poisoning which recovered, and Dr. Morrison a case of severe burn. There was a very general and lively discussion on all those cases, showing greatest interest among the members. I was very much impressed by the appearance of the members of the society. They were with two exception young men just in the prime of life and I thought Sussex, which is an entirely small county, was to be congratulated on having such a fine class of young men at this time to minister to them. I do not think there is another county in the State which will show such a per centage of young and able physicians as Sussex, and I congratulate our retiring president, Dr. Morrison, on his energy in getting out such a large percentage of the doctors of this county to a society meeting.

The following were elected as officers for the ensuing year: President, Dr. Louis Voorhees; vice-president, Dr. Harris Day; secretary, Dr. F. Wilbur; treasurer, Dr. T. R. Pooley Jr.; censor, Dr. C. M. Dunning; reporter, Dr. H. D. Van Gaasbeek; permanent delegate Dr. F. H. Morrison; annual delegate, Dr. J. G. Coleman; essayist, Dr. B. W. Ray.

UNION COUNTY.

Russell A Shirrefs, M.D., Reporter.

The annual meeting of the Union County Medical Society was held in Elizabeth, October 12th. Dr. Thomas P. Prout of Summit was elected president for the ensuing year; Dr. G. T. Banker, vice-president; Dr. Frank Steinke, treasurer; Dr. Irving Lerman, secretary, and Dr. Russell A. Shirrefs, reporter. Drs. Stern, Ard, Prout, Shangle and Lampson were elected permanent delegates, and Drs. Reiner, Eaton, McElhenny, Laird and Runnells annual delegates to the State Society. Dr. E. B. Grier was elected to the board of censors. The annual dues of the society were increased to \$10 a year, payable in advance.

Drs. T. J. Walsh, A. T. Lippard and H. L. Alexander were admitted to membership.

Dr. Howard Taylor of New York addressed the meeting, speaking most entertainingly on the work of the American Society for the Control of Cancer, for which the thanks of the society were tendered him.

Local Medical Societies.

Associated Physicians of Montclair and Vicinity

Walter B. Mount, M.D., Reporter.

The first regular meeting of the season of the Associated Physicians of Montclair and Vicinity was held on Monday evening, October 24th, at the Montclair Club. The meeting was preceded by a dinner at the club at which the speakers and invited guests were present with the Executive Committee as hosts. The new president, Dr. Martin J. Synnott of Montclair, occupied the chair. The attendance was the largest recorded and was estimated at 150.

Before the lecture, Dr. Wells P. Eagleton of Newark, chairman of the Welfare Committee of the Essex County Medical Society, addressed the society in reference to the stand taken against the re-election to the Assembly of certain candidates opposed to good medical legislation and told of the success of such opposition this autumn in certain other counties. On motion of Dr. Philip E. Krichbaum of Montclair, seconded by Dr. Morgan D. Hughes of Bloomfield, the following resolution was made and carried unanimously:

Whereas, The Associated Physicians of Montclair and Vicinity is interested in having elected to the State Legislature men who will safeguard the health of the citizens of New Jersey by insisting that laws to be enacted shall continue to demand standard educational qualifications for those seeking to practice healing in our State;

And Whereas, Frank B. Champion, Rynier V. Taylor, Mrs. Jennie C. Van Ness and George C. Hobart, members of the last State Legislature, did stand opposed to such educational qualifications;

Therefore, be it resolved, That the individual members of the Associated Physicians of Montclair and Vicinity do hereby pledge themselves to oppose the election of the aforementioned Assemblymen, because of their legislative record of opposition to standard educational qualifications;

And further, be it resolved, That this resolution be published in the newspapers.

The subject of the evening was "Non-Surgical Duodeno-Biliary Drainage of the Gall Tract; A Review of the Subject." A masterly and intensely interesting talk on this subject was given by Dr. B. B. Vincent Lyon of Philadelphia, Associate in Medicine at the Jefferson Medical College of Philadelphia. Lantern slides of charts were used in illustration.

Dr. Lyon began with a historical review of the treatment of gall bladder disease, leading up to the medical drainage devised by him, passing to the differential diagnosis as determined by careful history, thorough physical examination, x-ray, a study of the results of the medical drainage, etc. He showed his record sheets and charts on the screen. He described the technique he had developed and showed pitfalls to be avoided, again bringing out points in differential diagnosis. He emphasized the importance of the selection of

certain cases for operation, of others for non-operative treatment, and of some for ante-operative treatment or post-operative treatment. He cited a few illustrative cases during his talk. He hinted at a few of the other conditions in which this method might prove helpful, as in diabetes.

The paper was intelligently discussed by Dr. Max Einhorn of New York, New York Post-Graduate Medical School; Dr. Allen O. Phipple of New York, of Columbia University, College of Physicians and Surgeons; Dr. Burrill B. Crohn of New York, of Mt. Sinai Hospital, New York; Dr. J. Quincy Thomas of Conshohocken, Penn.; Dr. Synnott and Dr. Fletcher F. Carmen of Montclair and Newark, Mountainside Hospital, Montclair. Dr. Lyon closed the discussion. So interesting was the topic and so ably presented that most of the large audience remained in their seats until the meeting closed shortly after midnight.

This association has adopted the following program for the year 1921-22: Oct. 24th, Dr. B. B. V. Lyon, Philadelphia, on Non-Surgical Duodeno-biliary Drainage of the Gall Tract; Nov. 28th, Dr. H. K. Pancoast, Philadelphia, on X-ray Diagnosis of Pulmonary Lesions; December 19th, Dr. F. M. Allen, Morristown, one Late Results in the Dietetic Treatment of Diabetes; January 23rd, Dr. A. P. C. Ashhurst, Philadelphia, on Surgery; February 27th, Dr. F. M. Dearborn, New York City, on The Tuberculids; March 27th, Dr. K. H. Thoma, Harvard Dental School, on Relation of Infectious Lesions in the Mouth to the General Health; April 24th, Dr. J. L. Morse, Boston, Mass., Discussion of Some of the Recent Tendencies in Infant Feeding; May 22nd, Dr. Francis C. Wood, New York City, on Recent Advances in the Treatment of Cancer.

Members of the Medical and Dental Professions are welcome. The officers are: President, Dr. Martin J. Synnott; vice-president, Dr. D. Clark Thompson; secretary, Dr. John H. Young; treasurer, Dr. John H. Young; historian, Dr. Henry Wallace.

Summit Medical Society.

William J. Lamson, M.D., Secretary.

The regular monthly meeting of the Summit Medical Society was held at the Highland Club on Friday, October 8, 1921, Dr. Bebout entertaining and Dr. Prout, the president, in the chair.

Present: Drs. Alexander, Baker, Bebout, Bensley, Bowles, Campbell, Dengler, Embury, English, Falvello, Kay, Keeney, Lamson, Lawrence, Meeker, Meigh, Moister Morris, Prout, Reiter and Wolfe.

The paper of the evening was read by Dr. Bebout on "Heredity." He reviewed the work done in establishing the Laws of Heredity and stated that acquired characteristics do not affect heredity except as they modify the germ cell, of which the body is merely the carrier, from one generation to another. In alcoholism the effect on heredity is general rather than particular, viz.: the predisposition which led the parent to become alcoholic is transmitted to the offspring.

Cancer is generally becoming considered non-hereditary. Deaf-mutism, albinism, hemophilia, polydactylism, diabetes and some other conditions are probably transmissible.

The methods of prevention of transmission

of feeble-mindedness, insanity, etc., are four, viz.: education, legislation, segregation and surgery. The merits and defects of these methods were discussed by the essayist.

The discussion of the paper brought out many interesting examples of hereditary transmission, and the importance of proper environment as modifying some of the tendencies toward mental and moral deterioration.

November Meeting.

The regular meeting of the Summit Medical Society was held at the Highland Club on Friday, Nov. 25, 1921, at 8.30 P. M., Dr. Wolfe entertaining and the President, Dr. Prout in the chair.

The paper of the evening was read by Dr. Wolfe on "Alcohol, The Doctor and the Eighteenth Amendment." After a brief sketch of the history of the production of alcohol and its uses in the arts and sciences, the essayist asked for a free expression as to the effects of the Prohibition Amendment on the practice of medicine.

Discussion brought out the following points: (1). The result of prohibition will be good for the country economically, but the transition period between wet and dry weather will be marked by storms, cloudbursts, hurricanes and cyclones; (2), comparatively few diseases require alcohol therapeutically; (3), there are some conditions, such as old age and protracted fevers, where it has a distinct place, as a tonic with supplementary food value; (4) among substitutes for alcohol the following are useful: Aromatic spirits of ammonia, inhalation of fumes of ammonia, strychnine, caffeine sodium benzoate, etc.; (5), the medical profession should have been officially consulted in framing the prohibition regulations. It is handicapped in many ways, by red tape, etc., in its use of alcohol medicinally, which should be left entirely to the professional judgment of the physician prescribing it.

The Westfield Medical Society.

At the annual meeting of this society held last month, the following officers were elected: President, Dr. W. W. Sisserson; vice-president, Dr. M. E. Ramsey; secretary, Dr. G. S. Laird.

William Pierson Medical Library Association.

On November 17, 1921, the William Pierson Medical Library Association held its annual meeting with election of officers for the ensuing year. This meeting also partook of the nature of a housewarming, as it was the first meeting in the new club house, which has been donated to the association by the Misses Pierson.

This is the Pierson homestead, where the late Dr. William Pierson lived and had his office for over forty years. This house and lot were given as a memorial of Dr. Pierson by his daughters. The building will be devoted to the housing of the library, also affords a large enough auditorium for the annual course of medical lectures which the association has been giving for the past twenty years. Besides the auditorium there are reading rooms and kitchenette. The New England Society of Orange will also have rooms in the same building, as tenants. The Nurses' Registry, one of the activities of the association will have an office on the same floor. The second and third floors will be rented as apartments.

On this occasion, after the usual reports and election of officers, the meeting continued with an historical sketch of the society by Dr. T. W. Harvey. Burnham King gave one of his popular snake talks, illustrated by live snakes of various kinds. The Rev. Dr. Stearns of Caldwell delivered a very fine address, his subject being the importance of co-operation and morale; the burden of his address was "Don't be a Passenger." Music was furnished by a local banjo and mandolin quartette.

The following officers were elected: President, Dr. A. W. Bingham; first vice president, Dr. R. D. Freeman; second vice president, Dr. R. H. Hunt; treasurer, Dr. T. W. Harvey, Jr.; secretary, Dr. J. H. McCroskey; librarian, Dr. T. W. Harvey, Sr.; council: Drs. Mefford Runyon, C. D. Moulton, F. C. Bunn, Harry Rogers, J. M. Maghee, W. B. Graves.

Academy of Medicine of Northern New Jersey.

91 Lincoln Park, Newark.

Special meeting, Nov. 3, 1921, held at request of Amer. Ass'n for the Control of Cancer. Subject: Cancers, with following papers: (a) Chemistry of, Dr. Otto Lowy; (b) Etiology and Pathology, Dr. H. S. Martland; (c) Gastro-Intestinal, Dr. A. S. Harden; (d) Genesis, Dr. Edw. J. Ill; (e) Throat, Dr. H. B. Orton; (f) Brain, Dr. W. P. Eagleton; (g) X-ray Treatment, Dr. E. Reissman.

State meeting, Nov. 16th, at 8.30 sharp. Paper, Modern Methods in the Examination of the Diseases of the Stomach, with lantern slides, Dr. M. E. Rehfuess of Philadelphia.

Section on Medicine and Pediatrics, Nov. 8, 1921. Paper, Certified Milk in Union and Essex Counties, Dr. B. V. D. Hedges of Plainfield.

Section on Eye, Ear, Nose and Throat, Nov. 14, at 8.45 P. M. Paper to be announced later; report of cases.

Sections on Surgery, Gynecology and Obstetrics, Nov. 22nd. Report of cases by several practitioners.

December Meeting.

Stated meeting on Wednesday, Dec. 21, at 8.30 P. M. sharp. The paper will be presented by Dr. Guy L. Hunner of Baltimore, Md., on Urethral Stricture.

The Section on Eye, Ear, Nose and Throat, Monday, Dec. 12th, at 8.45 P. M. The paper will be read by Dr. Elbert S. Sherman, on Eye Injuries with Relation to Workman's Compensation Laws.

The Section on Medicine and Pediatrics will meet Tuesday evening, Dec. 13th, at 8.45 o'clock. The paper will be read by Dr. Harold F. B. Pardee of New York, on The Heart Complicated by Pregnancy.

The Sections on Obstetrics and Gynecology and of Surgery will meet Tuesday, Dec. 27th, at 8.45 P. M. The paper will be read by Dr. Reginald M. Rawls of New York City on End Results of Amputation of the Cervix and Trachelorrhaphy.

The meetings will all be held at the Academy rooms, 91 Lincoln Park, Newark. Physicians generally are invited to attend.

N. J. Sanitary Association Annual Meeting in the Laurel-in-the-Pines, Lakewood, December 9 and 10, 1921.

THE JOURNAL

OF THE

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

NOTE.—The transaction of business will be expedited, and prompt attention secured if,—

All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to THE EDITOR.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL are sent direct to THE CHAIRMAN OF THE PUBLICATION COMMITTEE.

A REMINDER.

On the first day of January, 1922, the assessments of all members are due and payable to the county society treasurers and by them to the State Society Treasurer. This is a matter of more importance than many of our members realize. The following are the reasons:

1. No member is in good standing in either the State or county society until his full dues are paid.

2. A member, whose dues for the year 1922 are not paid on or before January 1st, 1922, is not eligible to medical defense for any act of alleged malpractice during the time that these dues are not paid.

3. His name is dropped from the mailing list of the Journal until his dues are paid, and if this delinquency continues long he may not be able to get the back numbers of the Journals, as the number of Journals issued is determined each month by the number of full paid members on the mail list.

4. A printed list of all full paid members is issued with the February Journal each year. It is very desirable that the name of every member should appear therein, as this list is consulted not only in our Society, but also in all other State Societies and in the American Medical As-

sociation, and determines for them who are, and who are not, in good standing.

No one desires to be considered a delinquent, or not eligible to membership, but such he is considered if his dues are not paid in promptly to his county society treasurer.

This of course means that all dues must be paid **in advance** in order that members may keep in good standing and receive all the benefits of membership. We have now over two thousand members and I trust that our next annual list, which will be published in February will contain at least that number of names.

In order to do this it will be necessary for all members to pay their assessments (dues) for 1922 **at once** to their county society treasurer and for these treasurers to immediately transmit these dues to Dr. Mercer, the State Treasurer. Some county society treasurers are dilatory in this respect and hold the member's dues until they **amount to enough** to be "worth sending." This should not be done as they thus deprive the members of the full privileges of membership.

Let us all make a concerted effort this year to pay our annual dues for the year 1922 to our county society treasurer on or before January 1st, 1922, and then let our county society treasurers immediately forward all such dues to Dr. Mercer, so that we may have the names of **all our members** in the printed list for 1922. **Do it now.**

LIST OF MEMBERS FOR 1922.

Now is the time for county treasurers to get busy and prepare their lists of members. The revised by-laws require that on January 1st of each year the county treasurer shall prepare a list of all members who are in good standing and send this list with the names of the members so paying their dues to the treasurer of the State Society.

Those lists form the basis of the annual printed lists and it is important that they be as full as possible. Especial attention should be given to the proper spelling of the names and addresses. It is also very necessary that the **full name** be given. Initials are not enough.

The State Secretary will be greatly aided if the full names and the latest address be given. If lists can be typewritten it will be appreciated. If not, please write as legibly as possible.—W. J. Chandler, Secretary.

CANCER WEEK RESULTS.

The Cancer Week campaign in New Jersey was ably conducted by Dr. Edward J. Ill, chairman, and met with a fair degree of success. Where it failed or resulted in but little good, we believe the members of our profession were largely at fault, in failing to sustain the movement; in some instances not more than one-fourth of the physicians of the city or county attending the meetings held. In one county a meeting of the County Society, to hear able speakers and discuss the cancer question, only 25 per cent. of the doctors were present. That was not only a discourtesy to the speakers, but was it not an indifference as to the life and health interests of the public, and a failure to avail themselves of information by which they could better serve their patients in saving or prolonging life? At the one county society meeting referred to, Dr. Edgar A. Ill and Dr. A. Schuyler Clark gave most valuable information as to the diagnosis and treatment of cancer by surgical operation, radium and the x-ray, as indicated by their extensive experiences.

We submit whether it would be well for the American Association for the Control of Cancer to organize another educational campaign for the members of the profession, so that doctors shall recognize their responsibility and become better qualified to diagnose and treat their cancer patient. It would be well if such a campaign should be held for the purpose of seeking to arrive at some definite conclusion as to the best methods of treating the various forms of cancer, or the various organs or parts of the body affected by the disease, whether by surgical operation, radium or x-ray. Recent utterances by eminent practitioners strongly advocating their own methods of treatment to the exclusion of other methods are not creditable to our profession and do not tend to inspire public confidence in our knowledge and efficiency.

CLOSING ANOTHER YEAR.

With this issue of our Journal we close another year of work. It has been a year of harder work than usual, demanding more time and careful investigation and study. While it has been, as a rule, a year of comparatively good health in our State with no extensive epidemics, there have been occasional slight epidemics of diphtheria, smallpox and typhoid fever, which

seems to be disappearing as the year draws to an end.

The year, however, has been an exceedingly busy one in political work as handled by our State Society's Welfare Committee. This was made necessary by the lowering of the educational requirements for a license to practice the healing art, which New Jersey had demanded and which had for many years placed the State second to none in the Union. As Dr. Eagleton states, in an article elsewhere given: "Despite New Jersey's enviable position in educational affairs, the Legislature of 1920 passed a law which licensed a certain group to practice the art of healing without demanding any educational requirements whatsoever—thus ignoring education entirely and the principles underlying it. By one action the Legislature totally invalidated what it had taken a decade to create."

Early in the year our committee endeavored to have the old standards re-established and prepared a bill to accomplish that object. Hundreds of our members went to Trenton to insist upon its passage and we were successful, beyond our expectations, in securing a large majority of votes in both Houses of the Legislature. Again, as Dr. Eagleton says: "We have entered politics—not as office seekers, but as physicians, to help guide and direct the State in health questions for which we alone, by our education, by our lives of service, by our standards, experience and associations are qualified."

"Our slogan this year has been "Medical Men for Health Problems."

Our Journal has, of course, tried to do its full duty in advocacy of this all important work that devolves on us as citizens as well as physicians who are true to humanity's welfare in the prevention and cure of disease and the saving of human lives. We shall continue to do so if permitted to undertake another year's work, and we shall wish the Society as well as each member of it, a prosperous and HAPPY NEW YEAR. In the meantime as we approach the Christmas season, we extend our most hearty good wishes to every reader of the Journal for a

Merry Christmas

and a bright and happy closing of the Old Year that we hope will be the ushering in of a New Era of Universal Peace

and Prosperity, as the outcome of the Disarmament Conference.

The Editor returns sincere thanks to the authors of papers, secretaries and reporters of societies and others who have sent information and rendered other favors which have contributed to the Journal's success, and he personally thanks the Cumberland County Society for its action as expressed in its report, which is accepted as an encouragement to render better and more faithful service to the societies and to the profession generally.

DR. ADOLPH LORENZ.

We insert the following editorial taken from the New York World:

The great captains of the earth have come and gone, and the memory of their passage through the city is filled with loud acclamations and flags flying along the lines of march. When Dr. Adolph Lorenz of Vienna arrives in New York he receives a different sort of welcome. His is the genius that works miracles with the human body where other surgeons have failed, that sets a crippled child on its feet again, that builds up what has been torn down. There are no patriotic boundaries to the hope with which he is awaited, the eagerness with which he is sought; every man who is lame or halt, every parent whose child has been handicapped in the race of life, will turn at least in spirit to the scientist with healing hands. Of those who find time to go to his clinics many will be turned away. The one drawback to his magic is that there isn't enough of it to go around.

At 4 in the morning the first patient arrived yesterday at the hospital where Dr. Lorenz was to operate between 9 and 10. By 8 o'clock there were 400 people in the anteroom. Before it was time to open the clinic 1,000 had gathered. Their presence was due to a faith that there is a man in the world who has somehow managed to make headway against the forces of disease and suffering that baffle the average physician. Cheers are a superficial tribute compared to their patience.

Dr. Lorenz has found a moral equivalent for war for himself; he wars on pain and deformity. It is a harder task than handling a machine gun or planning an attack, and it goes more slowly, but the rewards in gratitude are greater.

The above expresses the layman's view of the scientific doctor who is getting unusually good results in practice. We believe the true physician—of humanity, loving spirit—who is free from a selfish, jealous or hypercritical spirit, is ever-willing to welcome and commend such doctors. There ought to be no sympathy with the petty criticism of the public benefactor, Dr. Lorenz, when his generous, self-denying and self-sacrificing devotion to the thousands of suffering

American children arises from his gratitude to America for what she has done for the starving multitudes of Austrian children. As Dr. Lorenz says: "Science is international. War and medical science are incompatible. If there be war within medical science, it should be only the keenest competition to excel."

The clinic given by Dr. Lorenz at Jersey City, November 25th, made an impression on the large number attending that will not be forgotten; the presence of more than 100 mothers with their disabled children, seeking relief was pathetic. The preliminary meeting was presided over by Dr. F. H. Albee, chairman of the State Rehabilitation Commission, who previous to introducing Dr. Lorenz, gave an excellent address which is inserted elsewhere. Dr. Lorenz then gave an intensely interesting account of his work, citing many cases, the treatment of which he subsequently illustrated with lantern slides and then showed by moving pictures fifteen cases of men and women who had been restored from comparative helplessness and suffering, and were able to walk, run and jump with ease. (See page 400.)

LEONARD WOOD, M.D.

It gives the Editor great pleasure to insert the following editorial from The Journal of the Philippine Islands Medical Association:

It has been said somewhere that "once a physician always a physician." This dictum occurs to us when reading the dispatches of the Associated Press representatives regarding the inspection of General Wood in the provinces. We notice that almost always his first concern was the sanitary condition of the locality. General Wood is showing the same interest in health and medical affairs in his investigations in the Philippines that he did when he was Governor of Cuba and when he was detailed in Mindanao as Governor of the Moro Province where he personally directed the construction of military hospitals. The medical profession must find cause for elation when a man of the stamp of General Wood, in spite of his varied and multitudinous experiences and duties, still takes an active interest in the profession that he embraced in his youth.

We do not know the effect his appointment as Governor General may have on the national aspirations of the country;

but we are sure that, from the sanitary and medical points of view, Leonard Wood, M.D., would make the best Governor General for the Philippine Islands.

WHAT THE MEDICAL PROFESSION IS STRIVING FOR IN POLITICS.

By Wells P. Eagleton, M.D.

The Medical Society of New Jersey, through its Welfare Committee, has no ulterior motive in its health program, its sole desire being to protect the public against incompetence in those who would practice healing, by demanding they possess an adequate education, and to place at the disposal of the State the expert knowledge on health matters which is possessed by the physicians.

The movement to actively interest all the physicians of New Jersey in a public health program originated while the nation was at war. In this connection it should be remembered that during the war more physicians volunteered their services than all the other professions combined.

During the mobilization of the army and its training it was demonstrated that the continued health of the troops, essential to their efficiency, depended absolutely upon the loyalty, efficiency and self-sacrifice of the physicians of the land. The physicians engaged in military service, then realized that not only was it their duty as American citizens to serve and direct their Government in health matters, in time of war, but that this service and direction is also necessary in times of peace if the health of the community is to be properly conserved.

The efficiency of a close co-operation between the Government and the medical profession was demonstrated by the tremendous stride in ethics, as well as health, through the Venereal Disease control work, which was inaugurated and enforced by the physicians in the military service. The incident of Venereal Disease was thus reduced from nearly three and one-half per cent. during the draft period to less than one-tenth of one per cent. at the time of the signing of the armistice.

After the war the medical forces of New Jersey were again mobilized to safeguard not their own interest, but that of the public health; for, as expressed by the Welfare Committee at a legislative hearing last winter: "Competent Physicians need no protection, incompetent ones deserve none."

During the past ten years under the leadership of the late Dr. Calvin Kendall, Commissioner of Education, the educational standards of our State were elevated so that New Jersey occupied a position of prominence superior to any other Eastern Commonwealth in educational matters. In this educational advance the medical profession took a leading part; and at the beginning of 1920 the educational requirements for a license to practice any branch of the healing art, demanded by New Jersey, was second to none in the Union. Despite New Jersey's enviable position in educational affairs, the Legislature of 1920 passed a law which licensed a certain group to practice the art of healing without demanding any educational requirements whatsoever—thus ignoring education entirely and the principles underlying it. By one action the Legislature

totally invalidated what it had taken a decade to create.

It was to repeal this act and to again place New Jersey in its former position in educational matters that the Welfare Committee introduced a measure that re-established educational standards for those who would practice the art of healing.

One of the accomplishments of the work of the medical profession was interesting in public health matters large numbers of independent, educated citizens of the State, viz. the physicians; hundreds of whom visited Trenton on numerous occasions during the Legislative Session and by their influence helped to have health legislation enacted. It was because of the personal effort of the physicians that the health program was carried through.

We have entered politics—not as office seekers, but as physicians, to help guide and direct the State in health questions for which we alone, by our education, by our lives of service, by our standards, experience and associations are fully qualified.

Our slogan this year is: "Medical Men for Health Problems."

Our policy is to believe every legislator is our friend until his record proves that he is not, advocating as we do, only health and educational legislation in the interest of the public alone.

Of course, there will be conflict with those who deny the existence of communicable disease; with those who would tear down the educational barriers which have been built up for the protection of the public only after years of labor; with those who would treat health matters as subservient to other interests; with those who in health matters would regard the medical profession as clerks to command, not as directors to execute. To all such, of course, the medical profession, as a unit, is opposed, as they cannot regard persons holding those views as qualified to properly represent the people of New Jersey.

Bulletin No. 4—November 25, 1921.

The Welfare Committee believes that the victory in the recent election was partially due to the efforts of the medical profession. Of the fifteen Assemblymen who opposed health legislation introduced and supported by the profession, eight will not appear in the next Assembly. Of the three men who composed the special committee of the House, and as such drafted the substitute bills intended to kill 149, not one was returned to the Legislature. Eldridge of Union County, chairman, was beaten in the primaries, chiefly by the opposition of the doctors. Downs of Morris did not seek re-election, while Patterson of Hudson lost out on election day. Of the other opponents, Dutcher of Essex retired voluntarily; Tozer of Bergen was beaten in the primaries; Mrs. Van Ness of Essex, Loori and Stephens of Hudson went down to defeat on election day.

If the medical profession would have the new Legislature of 1922 turn a favorable ear to its health program, it must show its interest in and its support of the measures by unity and strength.

(1). We stand committed to the three Venereal Control bills, which failed in the Legislature of last year. They are to be revived and introduced, with such modifications as ex-

perience dictates. These bills will soon be ready for inspection and discussion.

(2). The osteopaths are demanding that the graduates of the osteopathic colleges recognized by the American Osteopathic Association, and now seven in number, which they claim are equipped to give proper instruction, be licensed to use certain groups of drugs, while those who would practice surgery be permitted to do so, as well as those now practicing in this State after two years' practice and an intensive course of surgery of two years in an osteopathic college, and the passing of an examination by the State Board of Medical Examiners. The important question is whether these colleges are equipped and qualified to teach surgery. This is a matter of investigation for the medical profession, as we have been led to believe they are not. We have asked the American Medical Association to make a survey of the osteopathic colleges and submit a report before Jan. 1st. If these schools come up to the standard required of medical schools by our State, their demand has a basis for discussion; although it is to be remembered that none of the osteopathic colleges demand, or have demanded, as full a preliminary education as the regular medical colleges recognized by our State, while, on the other hand, the osteopathic colleges are requiring more actual hours of attendance in their class work than are now demanded by our present medical law.

All these aspects should be discussed and investigated so that fairness may be done to any fully qualified osteopaths, or one who is willing to qualify himself by additional work.

(3) We seek a modification of the Workmen's Compensation Laws, whereby a fair and equitable fee be paid physicians and hospitals for attendance and care, and whereby the length and amount of compensation to the workmen be increased. The administration of this should be in the hands of physicians, for they alone are qualified to judge of any injury. Restrictions must be placed so that not only fraud, but even a semblance of attempt to overcharge the employer or insurance companies may be avoided.

(4). The Welfare Committee believes that the medical profession should take an active interest in the management of the rehabilitation work in the State, because it is a health matter concerning the public. A physician should be the director and have charge of the policies, and other physicians should execute the work.

STATE REHABILITATION IN NEW JERSEY*

By Fred H. Albee, M.D., Sc.D.,

Chairman Rehabilitation Commission.

Colonia, N. J., and New York.

Before coming to a most pleasant duty, that is, introducing our noted guest—Dr. Adolf Lorenz, I wish to say a few words concerning the rehabilitation work of this State of which this is one of the important clinics. It seems very fitting on this auspicious occasion to relate briefly historical facts as to the inception of this work and as well as put on record a brief statement of unusual accomplishments in a great humanitarian endeavor.

*Read at Dr. Lorenz Clinic at Jersey City, November 25, 1921.

I first came in touch with the very beginning of this endeavor in 1919 while as Director and Surgeon-in-Chief of U. S. A. General Hospital No. 3 at Colonia, N. J. This institution, by the way, was organized wholly for surgical reconstruction and rehabilitation. Its capacity was 2,000 surgical cases. It was the only hospital in the U. S. Army authorized under the combined auspices of the Red Cross and Surgeon General to be organized by a Director and Chief Surgeon chosen from civil life and to be located in this country.

This hospital was visited by many citizens of the State, including State Assemblymen, Senators and the Governor during 1918 and 1919. The processes of surgically reconstructing and rehabilitating members of the U. S. Army were studied and followed with great interest by many citizens of the State. How much the interest thus inspired had to do with the draught and the enactment of the law creating the Rehabilitation Commission it is hard to judge. It at least had a considerable influence.

The law was passed and immediately approved by the Governor, April 10th, 1919. It was the first law of its kind passed by any State, municipality or national government still remains the most comprehensive enactment of its kind. Although a considerable number of States have passed Rehabilitation laws since April, 1919. This law provides for the rehabilitation of the physically handicapped over 16 years of age, who "by reason of a physical defect or infirmity whether congenital or acquired by accident, injury or disease, is or may be expected to be totally or partially incapacitated for remunerative occupation."

It has seemed to the Commission on Rehabilitation should begin with surgical reconstruction and this is especially important in view of an already existing compensation law, and that initial treatment go on locally as before. It is very important that later in the case when more special treatment is necessary that heretofore unsupplied facilities for this treatment such as physio-therapy, etc., be provided. This the clinics have done.

State clinics have been established in the important industrial centers of the State of which this clinic in Jersey City is a worthy example. The commission consider that they were unusually fortunate in securing Dr. W. J. Arlitz as Chief and the whole-hearted support of the profession of this city under the able leadership of Dr. G. K. Dickinson. The growth of this clinic has been phenomenal. Dr. Arlitz took charge July, 1921. Today the number of patients treated is equal to any of the State clinics. This past month the number of patients has been unusually large.

It is most difficult to estimate the benefits resulting to the injured laborer, not only in more efficient treatment, either at the clinic or by the patient's own physician under advice and co-operation of the Chief of Clinics. In this way the patient gets the advice of the most experienced surgeon in accidental surgery in this city. The increased efficiency and benefits derived in this particular, is no more striking than the advisory influence in the administration of the compensation law. The chief of clinic or his representative having studied a case for some time in the clinic is a most competent advisor to act with the compensation commissioner in the settlement of

the case. One of the most important and beneficial functions is its co-ordinating influence upon State functions already existing.

Compensation moneys paid to the injured laborers were intended as a benefit in every instance, but unfortunately this was not the case in a large percentage of cases before the Rehabilitation work came in. The injured many times continued to draw their compensation stipend and do not return to work until long after it is best for them. The sooner the injured workman goes back to work safely the better it is for him. The pernicious practice of lump sum settlements associated with an absence of surgical reconstruction should be entirely eliminated by the proper administration of the Rehabilitation Law.

Austria's Great Surgeon—Dr. Lorenz.

The visit of Dr. Adolf Lorenz of Vienna to America is for a two-fold purpose as he made plain in his first public utterance here. The first purpose is to express Austria's gratitude to America for what has been done for the starving children of Vienna. His second is to endeavor to restore the cordial scientific relationship that existed between his country and this before the war.

He expressed amazement at the thousands of deformed children here and plead for faith in the United States' doctors, saying "Americans are Leaders"; that much of the deformities could have been avoided if the people who flock to him had gone with equal trust to their own physicians. He appeals to those who have crippled children to go to the American surgeon "whose clinics are equal to any in the world." Hundreds and thousands have come to me since my arrival here as to a miracle worker, but what I demonstrate is the ordinary miracle of science of surgery. I have simply aroused them out of their lassitude, out of their indifference. Today I saw a patient twenty years old who could have been cured eighteen years ago, the time of my first visit to this country. But he has lived on without even asking for help and my American friends are leaders in this branch of science."

"I do not claim superiority to them. On the contrary I have learned much from them, and will continue to do so. When I came first I feared to interfere with the interests of my American colleagues, but now I see that was not so. I do not interfere with them. I promote them. I come to urge the people to have faith in their own doctors. I have brought with me some new methods which are not yet practiced here to any extent. I have demonstrated them with moving pictures and with charts. I will demonstrate them practically also. You see, I do not come as a beggar. I come with something to offer. I come to open again the old scientific intercourse that existed between civilized nations before the war. We scientists cannot hate any nation. The cause is above National Hate. My wish is to unite the broken links of connection between my country and America, to invite your young physicians to come to us as they used to in pre-war times. They will be welcome.

"They will find the most favorable conditions for their work—beautiful new clinics and material that cannot be found anywhere else in the world. Post-graduate work is much easier in Vienna than anywhere else. All our institu-

tions are so centralized that he need not go far to find what he is after."

Dr. Lorenz has visited several of our New Jersey cities in each of which he has spoken to scores of physicians and held clinics attended by hundreds of patients. He also visited the State Hospital at Morris Plains and his visits will be held in grateful remembrance as our physicians wish him the greatest possible success in the accomplishment of the objects of his visit.

Endorsed by Americans in Vienna.

The Editor of the Journal has received from Dr. A. G. Reinfeld, for many years a practitioner in Newark, but now secretary of the American Medical Association in Vienna—American medical men taking post-graduate courses there—a copy of the resolutions adopted by that association, as follows:

Resolutions of the American Medical Association of Vienna.

Whereas, Professor Adolph Lorenz of Vienna who has in the days gone by done so much for the world through his work in orthopedic surgery; and

Whereas, Professor Adolph Lorenz proposes to make a visit to America to offer his services in hospitals without cost, as an expression of his gratitude for what America has done for the children of Austria; and

Whereas, Professor Adolph Lorenz desires to make this tour in such manner, so as to be in every way acceptable to the medical profession of America; now

Therefore Be It Resolved, by the American Medical Association of Vienna that this proposed tour of Professor Adolph Lorenz has the full endorsement of the American Medical Association of Vienna; and be it further

Resolved, That the American Medical Association of Vienna requests the members of the American Medical profession to give Professor Adolph Lorenz their kind co-operation and endorsement in this altruistic and important scientific work which Professor Adolph Lorenz is willing to inaugurate through this trip to America.

A. G. Reinfeld, M.D.

Therapeutic Notes.

Fermentative Dyspepsia.—Dr. Brose Horne gives the following as affording the surest relief he has obtained.

Phenol iodine, 1-8 gr.
Sodium salicylate, 1 gr.
Guaiacol, 1-4 gr.
Oil of cloves, 1-2 min.

M. to make one tablet. Sig.—1 to 3 such tablets after meals.—Medical Summary.

For Irritative Cough.

Codeinae sulphatis, gr. viij.
Amonii chloridi, ʒjss.
Syrupi toluani, ʒij.
Aquae quantum sufficiat ad ʒiv. Misce.

Signa: One teaspoonful in water every two or three hours.

Creosote Carbonate in Pneumonia.—Dr. Sajous says: For pneumonia, creosote carbonate, ten to fifteen grains every two or three hours, given early in the disease, is as nearly a specific as is quinine in malaria.

For fissure in ano apply a solution of 5 to 10 grains of nitrate of silver to an ounce of water, repeating the application 3 or 4 times a day.

Bronchial Asthma.—Adrenalin, in doses of three to ten minims, subcutaneously, affords marked relief in a few minutes in the acute paroxysm of bronchial asthma. It has the advantage over morphine in that it does not narcotize the patient. Adrenalin should be given only during severe attacks or in cases in which the attacks are occasional.

Beef Heart in Cardiac Disease.—Renon announces that he administers a powder from the ventricle of the ox heart, vacuum dried, dose 50 cgms. daily. He gives it for twenty days out of every month in cases of asystolia, especially of the left ventricle, with extrasystolic arrhythmia. Results are said to be good, but the author gives other cardiotonics as synergists.—*Le Bulletin Medical*.

Bismuth in Syphilis and Trypanoses.—Drs. Sazerac and Levaditi have ascertained that a double salt of bismuth, the tartrate of bismuth and potassium, has an undoubted curative power over rabbit syphilis and the spontaneous spirochetosis of that animal. In the trypanosis known as nagana this property is less marked. In other words, bismuth possesses powers akin to those of arsenic and antimony in protozoan diseases.—*La Presse Medicale*.

Use of Salt in Cancer.—Dr. T. Howard Plank, suggested to the Central Society of Theraputists at their recent meeting in Chicago, that one way to avoid cancer is to stop seasoning food with common table salt, which chemists call sodium chloride, and to use potassium chloride. Of course, the sodium compound is much cheaper, the specialist pointed out, but it is potassium that is dissolved out of vegetables when they are boiled. Therefore, when reseasoned the same kind of salt should be added. Dr. Plank recalled that potassium salts have been employed in cancer treatment and believed they might well be regarded as preventives.

Ancient Dietary Rules for Asthma.—The following dietary rules for asthma were printed in the Magazine of Magazines for February, 1751:

"If ven'son pastry is set before ye,
Each bit you eat, Memento mori.
Your supper, nothing, if you please;
But, above all, no toasted cheese.
The use of vegetables try
And prize Pomona in a pye.
For breakfast, it is my advice,
East gruel, sago, barley, rice."

—*American Journal of Clinical Medicine*.

Diet in Typhoid Fever.—Antonio Duque (*La Medicina Ibero*) finds that the main objection to a milk diet in typhoid is the resulting meteorism which is often troublesome and persistent until a mixed diet is restored to. He considers that the diet of choice in these cases is a mixed one of purees, eggs and fruits, which is contraindicated only in exceptional

Hospitals; Sanatorium.

Plans have been formulated for the new Memorial Hospital to be erected at a cost of from \$50,000 to \$100,000 at Ventnor, N. J.

The Memorial Hospital at Spring Lake, N. J., will receive \$5,000 from the estate of Mrs. Bertha Achelis.

Salem County Memorial Hospital.

The following is the report for September: Admissions, 49; discharges, 55; operations, 29; death, 1; births, 4; x-rays, 23.

The following is the report of the hospital for the month of October: Admissions, 45; operations, 32; accidents, 10; deaths, 2; birth, 9; discharged, 45.

Hospital Organization and Management.

The most important feature in the organization and management of hospitals is a wisely selected committee or commission on hospitals consisting of persons of broad hospital knowledge. They should be ultimately responsible to the local government, although not necessarily directly appointed to that body. In fact, it would seem more reasonable that they should hold appointment under a council of hospital workers, organized along similar lines to the medical, legal, dental and other councils. Such a commission would have authority to inspect and examine closely into the methods and working of all hospitals, large and small, public and private, within its territory. It should, above all things, be sympathetic and constructive in its criticism. It would naturally decide on certain standards. These standards would necessarily be graded according to the capacity or special object of each hospital, but should be such as would ensure every patient admitted the best possible treatment. This might involve the transference of certain patients to institutions where more highly specialized equipment would be available.—H. C. Wrinch, *Modern Hospital*.

A New Sort of Hospital.

From the Literary Digest.

It never occurred to our hospital builders before, seemingly, that the poor patients in the open wards might be affected by mental comfort and discomfort just as much as by bodily welfare. In fact, "we have behaved as though the patient had a body, but no mind or soul," said Dr. Hugh Cabot, professor of surgery at the University of Michigan, in an address before the Michigan Hospital Association that is reported in *The Modern Hospital* (Chicago). The depressing surroundings in a hospital ward are nothing less than a "psychic insult to the patient," Dr. Cabot roundly declares, and *The Modern Hospital* frankly admits that it would be hard to defend the open ward from this charge. But at the very time when Dr. Cabot was thus denouncing the open-ward system, New York newspapers were announcing the approach of the completion of the Fifth Avenue Hospital, called "the only wardless hospital in the world." This new institution, it is claimed, will meet all the requirements specified by Dr. Cabot. It will be nine stories high and will contain 300 private rooms and no wards. It is on Fifth Avenue

facing one of the most beautiful parts of Central Park. Says *The World* (New York):

"The construction plan is unique. In order that every room shall be an outside room, with plenty of light and air, the building will be in the shape of a great X, with semi-square structures at the ends of the cross-bars. There will be no wards, not even any two-patient rooms. Each patient in the institution will have a room to himself, also a bath. Yet in spite of this exclusiveness, and in spite of the fact that everything in connection with the institution is to be of the best quality and most modern nature, one-half of the bed capacity is to be for the free, or semi-free, use of the public. The rates are to be 'from nothing up' and particular attention is to be paid to that class of patients who are not extremely poor, who do not desire to accept the charity of a free ward in a public hospital, but to whom the rates of an ordinary high-class hospital would be prohibitive."

The new hospital's rates are to be based on the patient's ability to pay, and an endowment of \$1,500,000 has been provided to maintain the hospital as planned. Going deeper into the idea of an escape from depressing surroundings, *The Architectural Review* says:

"The anesthesia rooms are so placed that the patients will not come in contact with anything that suggests a surgical operation from the time of their arrival until they are placed under the ether. These rooms will look like small parlors, with curtains, wooden furniture, etc., and will have buff painted walls, instead of the usual white marble or tile. They will be especially ventilated to remove any fumes of ether that might annoy patients."

The walls will be equipped with deadeners, so that the sounds of the delirious will not reach other ears. Each room in the hospital will be regulated separately as to temperature. One room may be warm enough to induce perspiration, while that adjoining it may have a zero temperature.

The *New York Evening Telegram* says:

"Another feature of the hospital is the entire floor devoted to the care of children, from the new-born babe to the boy or girl of fifteen. Glass partitions instead of solid walls will be placed in this department. These will provide the necessary isolation, but will permit the patients the pleasure of seeing the other little ones. On this floor will also be one outside and four inside playrooms, which will be liberally supplied with toys, games and picture books."

The hospital will contain a complete nurses' home, according to the *New York Tribune*, and each nurse will have a furnished room; and the *New York Herald* adds that no nurse of fewer than two years' experience will be permitted to attend a patient at a bedside, a plan which will insure competent ministrations to every patient. But the crowning glory of this twentieth century hospital, says the *New York Times*, "will be the entire absence of those long, awful looking, bed-lined apartments known as wards, reeking of disinfectants and filled with the sight of suffering."

It is something of a revelation to know that the new hospital will be operated practically the same cost as those having the ward system, which we believed to be justified by the saving. The Fifth Avenue Hospital is the

dream of Dr. Wiley Woodbury, a former lieutenant-colonel in charge of the base hospital at Camp Upton, Long Island. He has planned hospitals in Belgium, Siam, Australia, China and the Philippines.

Bonnie Burn Sanatorium.

Dr. J. E. Runnells, Superintendent, sends the following report for September: On Sept. 1st there were 263 patients in the Sanatorium, 145 males and 118 females. This number includes 42 males and 36 females in the Preventorium. During the month 35 patients have been admitted. Nine of these admissions went to the Preventorium. Among these admissions there were five re-admissions. The admissions are classified as follows: Pretubercular, 14; incipient, 1; moderately advanced, 3; far advanced, 17.

Dr. John E. Runnells, superintendent of the Sanatorium, reports for October as follows:

On October 1st there were 259 patients in the Sanatorium, 147 males and 112 females. During the month 21 patients have been admitted: 10 males and 11 females. Four of these admissions went to the Preventorium. Among these admissions there were three re-admissions. The admissions are classified as follows: Pretubercular, 5; insipient, 4; moderately advanced, 3; far advanced, 9. The largest number of patients present at any time during the month has been 266; smallest number, 256. Present October 2^d, 1921, 256.

Deaths.

ARMSTRONG.—In Atlanta Ga., November 6, 1921, Dr. Milton N. Armstrong, formerly of Newton, N. J.

Dr. Armstrong practiced medicine in Blairs-town, N. J., many years and later lived for fifteen years in Newton.

SMITH.—At Blackwood, N. J., October 27, 1921, Dr. J. Anson Smith, as a result of an operation for appendicitis, aged 50 years.

Dr. Smith graduated from Jefferson Medical College, Philadelphia, in 1897. He was a member of the Camden County and State Medical societies and a Fellow of the American Medical Association. He was superintendent of the County Asylum for the Insane at Blackwood, N. J.

WOODHULL.—In Princeton, N. J., October 18, 1921, General Alexander Woodhull, M.D. He was born in Princeton, April 13, 1837; graduated from the College there in 1854 and from the University of Penn. Medical School in 1859; was brevetted Lieut. Col. for meritorious services during the war; became full Lieut. Col. in 1894 and was advanced to the rank of Brigadier General in 1904. He was a writer of merit on military hygiene and medicine and a member of the Association of Military Surgeons of the United States, the American Public Health Association and the Military Order of the Loyal Legion.

WINANS. — At Belleville, N. J., August 9, 1921, Dr. Joseph Clark Winans, aged 43 years.

Dr. Winans graduated from the University and Bellevue Hospital Medical College in 1905.

He was a captain, M. C., U. S. Army, during the World War; was a member of the Essex County and the State Medical Societies and a Fellow of the American Medical Association.

Marriage.

SENSEMAN-YOUNGMAN.—In New York City, Nov. 4, 1921, Dr. Theodore Senseman, to Mrs. Laura Peters Youngman, both of Atlantic City, N. J.

Personal Notes.

The following members of our State Society were elected to offices in November:

Alexander, Walter G., Orange, as an Assemblyman.

Bond, Edwin E., Caldwell, as County Supervisor.

De Grofft, Vernon E., Swedesboro, as Mayor. Farrow J. Willard, Dover, as Alderman.

Fooder, Horace M., Williamstown, as State Senator, Gloucester County.

Meloney, Lester F., Paterson, as an Assemblyman.

Several other doctors who are not members of our Society were elected as mayors, etc.

Dr. Fred H. Aibee, Colonia and New York, will leave for Cuba December 10th. He will deliver a surgical address at the annual meeting of the Cuban Medical and Surgical Congress. Returning he will spend two weeks in his Florida home.

Dr. Gordon K. Dickinson, Jersey City, was elected chairman of the Obstetrical and Gynecological Section of the American Medical Association at the last annual meeting.

Dr. William S. Colfax, Pompton Lakes, spent a few days at his camp at Pochuck Lake.

Dr. Josiah Meigh, Bernardsville, has recently recovered from severe illness.

Dr. W. Leslie Cornwell, Bridgeton, has been giving a series of lectures on first aid to the injured under the auspices of the Red Cross.

Dr. John C. McCoy, Paterson, addressed Dover women recently under the auspices of the Dover General Hospital Auxiliary.

Dr. Samuel Stern, Atlantic City, has a paper in the Medical Record, Nov. 5th, on "A Specific Cure for Pneumonia and Pulmonary Tuberculosis.

Dr. Lucius F. Donohue, Bayonne, who returned from France with the rank of lieutenant-colonel, was grand marshal of the Armistice Day parade, when the monument to the dead of the World War was unveiled. He was one of the speakers on that occasion.

Dr. Archibald E. Olpp, Hoboken, representative of the Eleventh Congressional District, was boomed for the Republican Gubernatorial nomination next year at the Armistice Day dinner of the Inter-Allied Club. He was the principal speaker on that occasion.

Dr. Thomas S. Dedrick, Washington, gave the first of four lectures in the State Sanatorium at Glen Gardner. The series will relate his experiences with Lieut. Peary in the search of the North Pole.

Dr. William J. Lamson, Summit, recently returned from a trip through the Adirondacks and the White Mountains.

Dr. William E. Darnall, Atlantic City, spoke on Suppurating Uterine Myomas at the recent meeting of the Amer. Ass'n of Obstetricians and Gynecologists.

Dr. Joel W. Fithian, Camden, recently addressed the Palmyra Needlework Guild.

Dr. Edward P. Uptegrove, Vernon, recently gave a banquet to the members of the Hamburg baseball team, in the basement of the Baptist Church.

Dr. Noble H. Adsit, Succasunna, was elected recently president of the Roxbury Red Cross and Dr. Clarence A. Plume was elected a member of the Executive Committee.

Dr. Henry W. Kice, Wharton, addressed the pupils of the McFarlan Street School at Dover on Nov. 1st, on "Roosevelt," the occasion being the gift of a life-size picture of the former President.

Dr. S. R. Woodruff, Bayonne, at a recent meeting of the Practitioners' Club, described a case of hydrocele of unusual size; discussed the etiology and varieties of the disease and an operation which had proven successful.

Dr. Virgil M. D. Marcy, Cape May, has been appointed by the Cape May City Board of Health as health officer of that city.

Dr. Jacob Roemer of Paterson, sailed for Europe on September 24th. He will remain abroad for about nine months during which time he will take up post-graduate studies in Rientgenology and Internal Medicine. He was accompanied by his wife and two children.

Dr. Walter G. Mead, Arlington, and wife are now in their new home, 699 Kearny avenue.

Dr. David A. Kraker, Newark, colonel of the Medical Reserve Corps, has been appointed commander of the 303rd Medical Regiment of the New Seventy-eighth Division of the Organized Reserves.

Dr. Jacob S. Wolfe, Bloomfield, was one of the judges at the Sussex County Pauntry Association show at Newton last month.

Dr. Henry B. Whitehorne, Verona, recently returned home from the Mountainside Hospital, Glen Ridge, where he underwent an operation.

MEDICAL EXAMINING BOARDS' REPORTS.

	Exam.	Passed.	Failed.
Arkansas, May	15	11	4
Dist. Col., July	28	25	3
Florida, August	43	30	13
Hawaii, July	5	4	1
Idaho, April	6	6	0
Iowa, June	46	46	0
New Hampshire, Mar. .	1	1	0
New York, January. .	155	113	42
Oklahoma, July	25	24	1
South Dakota, Jan. . .	11	11	0
Virginia, June	50	47	3

National Board of Medical Examiners.—The eleventh examination was held in Boston, Mass., June 14-21, 1921. Forty applicants were examined, of whom thirty-seven passed and three failed.

Public Health Items.

Do not forget Webster's definition of medicine as the prevention, cure and alleviation of disease. It is a definition which renders ridiculous the claims of the quacks, the cultists, and the faddists that medicine means nothing but the administration of drugs.—Calif. State Jour. Med.

Kearny Health Report.—The September health report showed twenty-three cases of communicable diseases; nineteen deaths with a death rate of 8.28 per 1,000 population.

Newark Health Report.

During the month of July there were 378 deaths, with a death rate of 10.7 per 1,000 population. The principal causes of death were: Tuberculosis, 30; cancer, 35; organic heart disease, 20; apoplexy, 19; pneumonia, 15; Bright's disease, 35; diarrhea, under five years, 37. There were reported the following cases: Gonorrhea, 71; syphilis, 51; diphtheria, 43; typhoid fever, 11. Patients treated at clinics, 4,433; sent to hospital, 128.

September Report.

It shows a total of 346 deaths or a death rate of 9.8 per 1,000 of population. The leading causes of death were: Tuberculosis, 29; cancer, 35; apoplexy, 30; organic heart disease, 35; diarrhoeal diseases, under 5 years, 33; Bright's disease and nephritis, 21. There were reported 47 cases of diphtheria; 101 tuberculosis; 84 pneumonia; 57 gonorrhea; 43 syphilis. The department has recently issued its 36th annual report of 265 pages. It gives an admirable account of Newark's health activities, with full statistical reports of its officers' work and some practical illustrations.

August Health Report.

The Newark Health Department reports for the month of August as follows: Total number of deaths, 350; death rate for the month, 9.9 per 1,000 of population. Chief causes of death: Tuberculosis, 37 cases; cancer, 35; pneumonia, 23; Bright's disease, 21; apoplexy, 23; organic heart disease, 31; appendicitis and typhilitis, 7; diarrheal disease under 5 years, 50. There were reported the following cases: Gonorrhea, 90; syphilis, 51; chancreoid, 8 cases.

New Jersey State Health Report.—The total deaths for September was 2,769, of which 508 were under one year of age, 163 between one and five years and 874 of persons of sixty years and over. The death rate was 9.82. The leading causes of death were: Tuberculosis, 218; Bright's disease, 216; pneumonia, 54; influenza, 8 cases.

Salem Schools Closed.—On account of the prevalence of diphtheria and scarlet fever the schools were closed the latter part of October.

New York Scores Lowest Death Rate.—The mortality record for the week ending September 23 was the lowest ever experienced by the city of New York, there having been only 967 deaths recorded with a death rate of 8.77 per 1,000 of the population.

Infant Mortality in New York City.—The records of the New York City Health Department show that for the first thirty-five weeks of the year, ending August 27, the infant mortality rate was 76 per thousand children born, as against 91 for the corresponding period of last year. In 1885, the infant mortality rate of the city was 273.6 per thousand children born.

Health Promotion Week.—Twenty-three local organizations, including the board of health, board of education, child welfare society and the tuberculosis association, co-operated in an exhibition of various welfare organizations, lectures and films relating to tuberculosis, child welfare, venereal disease work and general public health problems, held, October 3, in Montclair.

Typhoid Is Disappearing.—No human disease offers greater promise of eventual complete disappearance than does typhoid fever, and this disappearance is taking place through the application of the knowledge which we are so rapidly gaining as to the mechanism of this disease, or, more important, as to the life cycle of its parasitic agent within and without the body.—Bull. Mass. Dept. Ment. Dis.

Effective Tuberculosis Service.—If any real advance is to be made in the organization and administration of an effective tuberculosis service, some adequate system will have to be devised whereby both medical undergraduates and graduates, and especially those who propose to take up the responsible duties of a tuberculosis officer, are thoroughly trained.—G. Woodhead, Brit. J. Tuberc.

May Burn Town to Fight Cholera.—A report from Riga on August 24 announces that a total of 78,011 cases of cholera have been registered in Russia from the beginning of the year to August 10. Conditions in Astrakhan on the Volga are so desperate that local authorities have proposed that the whole population be transferred to Siberia and the town of Astrakhan be then set on fire.

Burlington County Action on Typhoid Carriers.

Whereas, Very great injury and suffering has resulted from epidemics of Typhoid Fever in various communities, which have been caused by the employment of typhoid carriers in positions and occupations where they handle food and food products:

Therefore, Be It Resolved, by the Board of Council of the Burlington County Hospital, that we do most respectfully request and recommend that the State Board of Health of this State cause to be prepared and introduced and passed by the next session of the Legislature of this State, a law that will prohibit all known typhoid carriers, and carriers of other infectious diseases, from being employed in any position or occupation where their work may endanger the health of the community, and requiring them to report at a designated time and place for examination, at least once a month, under penalty of fine or imprisonment, or both, upon complaint of the health officer to a committing magistrate; and

Be It Further Resolved, That a copy of this resolution be forwarded to the State Board of Health of New Jersey.

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